

Case Number:	CM14-0216854		
Date Assigned:	01/06/2015	Date of Injury:	04/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (a 59-year-old female) sustained a work related injury on April 8, 2014, noted to be suffering with left lower extremity pain starting while at work. A lumbar spine MRI dated June 18, 2014, was noted to show multilevel degenerative changes, posterior subcutaneous edema, and an old inferior end plate wedge fracture at T11. On November 11, 2014, the injured worker received left L3-L4 and L4-L5 transforaminal epidural steroid injections under fluoroscopy guidance with interpretation of lumbar epidurogram, for left lumbar radiculopathy. The injured worker's conservative therapies were noted to have included physical therapy, a LSO brace, aqua therapy, ice, and oral and topical medications. A progress note dated November 25, 2014, noted the injured worker with constant, aching pain across the low back, with intermittent cramping and burning shooting pain radiating to the neck, feet, and arms. The injured worker was noted to have had 50% relief for two days with the left transforaminal L3-L4 and L4-L5 epidural steroid injections, and then the pain returned. Physical examination was noted to show cervical flexion limited to 45 degrees, rotation to 45 degrees bilaterally, and cannot extend beyond neutral due to elicited pain. Lateral flexion to the right elicited tingling pain in the forearms and hands with flushing of fingertips. Lumbar flexion was noted to be limited to 45 degrees due to moderate low back pain and extension limited to only 15 degrees due to facet loading pain, with tenderness to palpation of the lumbar facets. The provider noted exquisite tenderness of the thoracolumbar fascia, with a mildly antalgic gait. The sensory examination of the lower extremities was normal. The diagnoses were noted as degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral radiculopathy, and sciatica. The Physician

requested authorization for left L3-L4 and L4-L5 transforaminal epidural steroid injection and follow-up visit in two weeks to the transforaminal epidural steroid injection. On December 11, 2014, Utilization Review evaluated the request for left L3-L4 and L4-L5 transforaminal epidural steroid injection and follow-up visit in two weeks to the transforaminal epidural steroid injection, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG-TWC), Low back Procedure Summary, last updated November 21, 2014. The UR Physician noted that the injured worker had received left L3-L4 and L4-L5 transforaminal epidural steroid injection, with relief lasting only two days. The injured worker did not meet the guideline criteria for a repeat lumbar epidural steroid injection of continued objective pain and functional improvement, including 50% pain relief with associated reduction of medication use, for six to eight weeks. The Physician noted the request for left L3-L4 and L4-L5 transforaminal epidural steroid injection did not have medical necessity established, and was recommended as non-certified. The UR Physician noted that without approval of the requested left L3-L4 and L4-L5 transforaminal epidural steroid injection, the medical necessity for the requested follow-up visit in two weeks to the transforaminal epidural steroid injection was not established, with recommendation for non-certification. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left L3-4, L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a “series-of-

Three” injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was insufficient confirmatory physical examination findings documented in the progress note to show clear lumbar radiculopathy of the L3-4 and L4-5 levels on the left as the sensory examination was normal and the subjective complaint was non-specific. Also, the reduction in symptoms from the previous epidural injection at those same levels lasted only 2 days, reportedly. Considering these two factors, there seems to be insufficient evidence to support a repeat epidural injection at the L3-4 and L4-5 levels on the left, and they will be considered medically unnecessary.

Follow up visit in two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee’s fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The pain specialist in the case of this worker had requested repeat lumbar epidural injections with a planned follow-up appointment following the injections. Considering the epidural injections are considered medically unnecessary (in the opinion of the reviewer), the follow-up appointment is also not medically necessary.