

Case Number:	CM15-0015808		
Date Assigned:	02/03/2015	Date of Injury:	10/22/1999
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47 year old female, who sustained a work related injury on 10/22/99. The diagnoses have included lumbar degenerative disc disease and bilateral lumbar radiculopathy. Treatments to date have included oral medication, CT Scan and MRI lumbar spine, oral medications, physical therapy and previous lumbar spine surgery. In the PR-2 dated 12/9/14, the injured worker complains of low back and right leg pain. She rates the pain a 7/10. She states her pain is made worse by increased activity. She has tenderness to palpation of lower back. On 1/12/15, Utilization Review non-certified requests for psychological clearance for SCS trial and lumbar epidural steroid injection to right L3-4, L4-5, L5-S1. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Clearance for SCS Trial: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation; psychological evaluation Page(s): 101, 105-107.

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with lower lumbar spine and radiates down the anterior thigh and the posterior aspect of the right lower extremity to the ankle. The request is for PSYCHOLOGICAL CLEARANCE FOR SCS TRIAL. Patient's diagnosis per Request for Authorization form dated 01/03/15 included low back pain. The patient is status post lumbar fusion in 2000. Patient's diagnosis on 12/09/14 included bilateral lumbar radiculopathy and lumbar degenerative disc disease. MRI of the lumbar spine dated 06/04/04, per treater report dated 12/09/14 revealed "L3/4: metallic hardware artifact and pedicle screws causing difficulty to loosen the spine, however the central canal appears patent; L4/5: no disc bulge or protrusion, neural foramen patent; L5/S1: artifact and physical instrumentation present but the central canal and neural foramen appear open. Patient's medications include MS Contin, Dilaudid and Neurontin. The patient is working full time. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial." MTUS page 101 states that psychological evaluation is "recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial." Per progress report dated 12/09/14, treater states "...I am strongly recommending a trial with a spinal cord stimulator. As a prelude to such trial, the patient will require psychological clearance... She has had lumbar spine injury twice in the past and not withstanding these surgeries, she still has severe low back pain and pain in the lower extremities, especially the right side." The request appears reasonable and in accordance with guideline recommendations. Therefore, the request IS medically necessary.

Lumbar Epidural Steroid Injection to the right L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with lower lumbar spine and radiates down the anterior thigh and the posterior aspect of the right lower extremity to the ankle. The request is for LUMBAR EPIDURAL STEROID INJECTION TO THE RIGHT L3-L4, L4-L5, L5-S1. Patient's diagnosis per Request for Authorization form dated 01/03/15 included low back pain. The patient is status post lumbar fusion in 2000. Patient's medications include MS Contin, Dilaudid and Neurontin. The patient is working full time. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy

must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. No more than two nerve root levels should be injected using transforaminal blocks." The patient presents with low back pain and radicular symptoms to the right leg. Physical examination on 12/09/14 revealed positive straight leg raise test on the right at 45 degrees with pain radiating to the foot. Patient's diagnosis on 12/09/14 included bilateral lumbar radiculopathy and lumbar degenerative disc disease. MRI of the lumbar spine dated 06/04/04, per treater report dated 12/09/14 revealed "L3/4: metallic hardware artifact and pedicle screws causing difficulty to loosen the spine, however the central canal appears patent; L4/5: no disc bulge or protrusion, neural foramen patent; L5/S1: artifact and physical instrumentation present but the central canal and neural foramen appear open. MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy. MRI findings do not corroborate with patient's leg symptoms. Furthermore, MTUS states "No more than two nerve root levels should be injected using transforaminal blocks." The request for 3 levels is not supported by guideline criteria. Therefore, the request IS NOT medically necessary.