

Case Number:	CM15-0114197		
Date Assigned:	06/22/2015	Date of Injury:	04/01/2010
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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 51-year-old female, with a reported date of injury of 04/01/2010. The diagnoses include low back pain, lumbar facial pain, bilateral sacroiliitis, and possibility of lumbar radiculopathy. Treatments to date have included a lumbar epidural steroid injection, oral medications, electrodiagnostic studies of the right lower extremity on 12/05/2013 which showed mild acute denervation in the right mid to lower lumbar paraspinal region, and an MRI of the lumbar spine on 07/12/2013 which showed lumbar spondylosis worse at the L4-5 level. The progress report dated 05/05/2015 indicates that the injured worker had persistent low back pain, which was rated 4 out of 10 in severity. The pain was associated with intermittent cramps, and radiated to the bilateral lower extremities, which was worse on the right side. She stated that the steroid injection was wearing off, and she wanted to pursue with another lumbar epidural steroid injection. The objective findings include spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, an antalgic gait on the right, dysesthesia to light touch in the right L4 dermatome, and normal strength in the bilateral lower extremities. The treating physician requested consultation with an Anesthesiologist regarding the lumbar spine and a right L4-5 and L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Anesthesiologist (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 05/05/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, worse on the right rated 4/10. The request is for CONSULTATION WITH AN ANESTHESIOLOGIST (LUMBAR). Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbalgia, lumbar facet pain, sacroiliitis, and lumbar radiculitis. Physical examination to the lumbar spine on 05/05/15 revealed spasm and stiffness to paraspinal muscles. Dysesthesia noted to light touch in the right L4 dermatome. Straight leg raising noncontributory. MRI of the lumbar spine dated 07/12/13, per 05/05/15 report revealed "mild bilateral neural foraminal narrowing and facet hypertrophy. Mild to moderate narrowing of the spinal canal noted at L4-5... lumbar spondylosis worse at the L4-5 level." EMG/NCS of the right lower extremity dated 12/05/13, per 05/05/15 report demonstrated "mild acute denervation in the right mid to lower lumbar paraspinous region suggestive of a nerve root injury to the L4, L5 and S1 roots." Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, and medications. Patient's medications include Tramadol, Diclofenac and Zolpidem. The patient is to return to modified duty, per 05/05/15 report. Treatment reports were provided from 11/17/11 - 05/05/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided reason for the request. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. However, treater does not explain the purpose for consulting with an anesthesiologist. Given lack of documentation, this request cannot be warranted. Therefore, the request IS NOT medically necessary.

Right L4-5, L5-S1 epidural steroid injection: Overturned

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

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

Decision rationale: Based on the 05/05/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, worse on the right. The request is for RIGHT L4-5, L5-S1 EPIDURAL STEROID INJECTION. Patient's diagnosis per Request for Authorization form dated 05/13/15 includes lumbalgia, lumbar facet pain, sacroiliitis, and lumbar radiculitis. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, and medications. Patient's medications include Tramadol, Diclofenac and Zolpidem. The patient is to return to modified duty, per 05/05/15 report. Treatment reports were provided from 11/17/11 - 05/05/15. 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 ESIs, under its chronic pain section: Page 46,47 "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." For repeat ESI, MTUS states, "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." Per 05/05/15 report, treater states the patient "feels lumbar epidural steroid injection is wearing off and wants to pursue with lumbar epidural injections." Per 01/14/15 report, treater states the patient "had two lumbar epidural steroid injections on Dec 2nd and Dec 9th 2014... She feels lumbar epidural steroid injections are helping her significantly. No recent flare ups... She has also noted decrease in pain about 50% of her pain level. She is able to sleep for longer time. She is also back to school and is able to sit for longer period of time." Physical examination to the lumbar spine on 05/05/15 revealed spasm and stiffness to paraspinal muscles. Dysesthesia noted to light touch in the right L4 dermatome. Straight leg raising noncontributory. MRI of the lumbar spine dated 07/12/13, per 05/05/15 report revealed "mild bilateral neural foraminal narrowing and facet hypertrophy. Mild to moderate narrowing of the spinal canal noted at L4-5... lumbar spondylosis worse at the L4-5 level." EMG/NCS of the right lower extremity dated 12/05/13, per 05/05/15 report demonstrated "mild acute denervation in the right mid to lower lumbar paraspinous region suggestive of a nerve root injury to the L4, L5 and S1 roots." In this case, physical examination supports patient's RIGHT leg symptoms at L4-L5, and are corroborated by MRI study findings. Treater has not documented physical examination nor MRI findings pertaining to the RIGHT L5-S1 level. However, electrodiagnostic studies corroborate radiculopathy at requested levels to be injected. Treater has also documented benefit from prior injections by discussing decrease in pain and improvement in function. This request appears reasonable and to be in accordance with guidelines. Therefore, the request IS medically necessary.