

Case Number:	CM15-0114521		
Date Assigned:	06/22/2015	Date of Injury:	12/24/2014
Decision Date:	08/25/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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 57-year-old male, who sustained an industrial injury on 12/24/14. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome, and myalgia. Treatment to date has included a lumbar epidural steroid injection with 30% pain relief. Other treatment included physical therapy and medication including Norco, Flexeril, Gabapentin, and Trazodone. On 5/20/15 physical examination findings included 5/5 bilateral lower extremity strength, intact sensation, tender sciatic notches, and tender sacroiliac joints. Tenderness and moderate muscle spasms over the paraspinal muscles, limited active range of motion due to pain, and straight leg rising was positive bilaterally. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a transforaminal epidural steroid injection at right L5, a transforaminal epidural steroid injection at left L5, conscious sedation, and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L5 quantity 1.00: Overturned

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

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

Decision rationale: The 57-year-old patient complains of low back pain, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 05/20/15. The request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION RIGHT L5 QUANTITY. The RFA for this case is dated 05/21/15, and the patient's date of injury is 12/24/14. Diagnoses, as per progress report dated 05/20/15, included chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome, and myalgia. Medications included Norco, Cyclobenzaprine, Trazodone, Gabapentin, and Meloxicam. MRI of the lumbar spine, dated 01/03/15, revealed L4-5 disc protrusion, mild spinal canal stenosis, moderate right-sided neural foraminal stenosis that could impinge right L4 nerve root. The patient is not working, as per the progress report dated 05/20/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing."; and "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." In this case, the patient has had lumbar ESI at L4 on 04/28/15, as per progress report 05/20/15, which led to 30% reduction in pain. Currently, the patient suffers from lower back pain along with positive straight leg raise bilaterally, as per the same progress report. Corroborating MRI, dated 01/30/15, indicated spinal canal neural foraminal stenosis at L4-5. The treater believes that the patient "is likely to benefit from a repeat lumbar ESI," and is requesting for an injection at right L5 level. Given the diagnosis of radiculopathy and corroborating diagnostic studies, the request for ESI IS medically necessary.

Transforaminal epidural steroid injection left L5 quantity 1.00: Overturned

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

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

Decision rationale: The 57-year-old patient complains of low back pain, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 05/20/15. The request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT L5 QUANTITY 1.00. The RFA for this case is dated 05/21/15, and the patient's date of injury is 12/24/14. Diagnoses, as per progress report dated 05/20/15, included chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome, and myalgia. Medications included Norco, Cyclobenzaprine, Trazodone, Gabapentin, and Meloxicam. MRI of the lumbar spine, dated 01/03/15, revealed L4-5 disc protrusion, mild spinal canal stenosis, moderate right-sided neural

foraminal stenosis that could impinge right L4 nerve root. The patient is not working, as per the progress report dated 05/20/15. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing."; and "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." In this case, the patient has had lumbar ESI at L4 on 04/28/15, as per progress report 05/20/15, which led to 30% reduction in pain. Currently, the patient suffers from lower back pain along with positive straight leg raise bilaterally, as per the same progress report. Corroborating MRI, dated 01/30/15, indicated spinal canal neural foraminal stenosis at L4-5. The treater believes that the patient "is likely to benefit from a repeat lumbar ESI," and is requesting for an injection at left L5 level. Given the diagnosis of radiculopathy and corroborating diagnostic studies, the request for ESI IS medically necessary.

Conscious sedation quantity 1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)'.

Decision rationale: The 57-year-old patient complains of low back pain, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 05/20/15. The request is for CONSCIOUS SEDATION QUANTITY 1.00. The RFA for this case is dated 05/21/15, and the patient's date of injury is 12/24/14. Diagnoses, as per progress report dated 05/20/15, included chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome, and myalgia. Medications included Norco, Cyclobenzaprine, Trazodone, Gabapentin, and Meloxicam. MRI of the lumbar spine, dated 01/03/15, revealed L4-5 disc protrusion, mild spinal canal stenosis, moderate right-sided neural foraminal stenosis that could impinge right L4 nerve root. The patient is not working, as per the progress report dated 05/20/15. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state, "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paraesthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended." ODG guidelines do not allow sedation unless the patient has anxiety. In this case, the patient does report anxiety and insomnia, as per progress report dated 05/20/15, and may benefit from sedation. Hence, the request for conscious sedation IS medically necessary as well.

Fluoroscopy quantity 1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back - Lumbar & Thoracic (Acute & Chronic)' Chapter under 'Fluoroscopy (for ESI's)'.

Decision rationale: The 57-year-old patient complains of low back pain, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 05/20/15. The request is for FLUOROSCOPY QUANTITY 1.00. The RFA for this case is dated 05/21/15, and the patient's date of injury is 12/24/14. Diagnoses, as per progress report dated 05/20/15, included chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome, and myalgia. Medications included Norco, Cyclobenzaprine, Trazodone, Gabapentin, and Meloxicam. MRI of the lumbar spine, dated 01/03/15, revealed L4-5 disc protrusion, mild spinal canal stenosis, moderate right-sided neural foraminal stenosis that could impinge right L4 nerve root. The patient is not working, as per the progress report dated 05/20/15. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." ODG guidelines support the use of fluoroscopy. Given the approval of ESI, the request for fluoroscopy appears reasonable and IS medically necessary.