

Case Number:	CM15-0116567		
Date Assigned:	06/24/2015	Date of Injury:	01/16/2012
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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 42-year-old male, who sustained an industrial injury on 1/16/2012. He reported low back pain. Diagnoses have included lumbago, low back pain. Treatment to date has included physical therapy, lumbar surgery and medication. According to the progress report dated 5/26/2015, the injured worker complained of low back pain. He rated his pain as 4/10 with medication and 7/10 without medication. Physical exam revealed tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion and decreased extension. Current medications included Norco, Thermacare and Voltaren-XR. Authorization was requested for right S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Epidural steroid injections (ESIs), Therapeutic.

Decision rationale: Based on the 06/23/15 progress report provided by treating physician, the patient presents with low back pain radiating down right leg at times in a S1 distribution. The patient is status post L3-4, L4-5 partial laminectomy, L4-5 microdiscectomy decompression on unspecified date, per 04/16/15 QME report. The request is for Right S1 Transforaminal ESI. RFA with the request not provided. Patient's diagnosis on 06/23/15 includes lumbago low back pain, lumbar thoracic radiculitis, and lumbar sacral disc degeneration. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy, and medications. Patient's medications include Flexeril, Norco, Voltaren, Nexium, and Thermacare hip bandage. The patient is unable to work, per 06/23/15 report. Treatment reports were provided from 12/04/14 - 06/23/15. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain (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 electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants)." ODG guidelines Low back Chapter states as "diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per 06/23/15 report, treater states "Still recommend patient have S1 right ESI. Still have right sided radiculopathic pain." Physical examination on 06/23/15 revealed tenderness at lumbar spine and facet joint. Range of motion was decreased on flexion, extension and lateral bending. Lumbar spine MRI per progress report dated 12/11/14 states "degenerative changes with stenosis of the lower lumbar spine. Evidence of partial laminectomy at L3-L4 and L4-L5." Given patient's continued symptoms and diagnosis, lumbar ESI would appear to be indicated. However, physical examination findings do not support patient's radicular symptoms, and there is no mention of MRI findings to S1 level, for which the injection is requested. Furthermore, QME report dated 04/28/15 states "Electrodiagnostic studies dated 07/25/12 were negative for a lumbar radiculopathy." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient is status post lumbar laminectomy; and ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Additional level selective nerve root for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Based on the 06/23/15 progress report provided by treating physician, the patient presents with low back pain radiating down right leg at times in a S1 distribution. The patient is status post L3-4, L4-5 partial laminectomy, L4-5 microdiscectomy decompression on unspecified date, per 04/16/15 QME report. The request is for Additional Level Selective Nerve Root For The Lumbar Spine. RFA with the request not provided. Patient's diagnosis on 06/23/15 includes lumbago low back pain, lumbar thoracic radiculitis, and lumbar sacral disc degeneration. Treatment to date has included surgery, imaging and electrodiagnostic studies, physical therapy, and medications. Patient's medications include Flexeril, Norco, Voltaren, Nexium, and Thermacare hip bandage. The patient is unable to work, per 06/23/15 report. Treatment reports were provided from 12/04/14 - 06/23/15. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain (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 electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants)." ODG guidelines Low back Chapter states as "diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per 06/23/15 report, treater states "Still recommend patient have S1 right ESI. Still have right sided radiculopathic pain." Physical examination on 06/23/15 revealed tenderness at lumbar spine and facet joint. Range of motion was decreased on flexion, extension and lateral bending. Lumbar spine MRI per progress report dated 12/11/14 states "degenerative changes with stenosis of the lower lumbar spine. Evidence of partial laminectomy at L3-L4 and L4-L5." Given patient's continued symptoms and diagnosis, lumbar ESI would appear to be indicated. However, treater has not indicated additional level to be injected, and physical examination findings do not support patient's radicular symptoms. Furthermore, QME report dated 04/28/15 states "Electrodiagnostic studies dated 07/25/12 were negative for a lumbar radiculopathy." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient is status post lumbar laminectomy; and ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.