

Case Number:	CM15-0118843		
Date Assigned:	06/29/2015	Date of Injury:	08/12/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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, Hawaii

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 32-year-old male, who sustained an industrial injury on 08/12/2014. He reported pain to the low back and left leg after loading bricks. The injured worker was diagnosed as having lumbar disc herniation and lumbar or thoracic radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and status post lumbar four to five and lumbar five to sacral on transforaminal epidural steroid injection. In a progress note dated 05/15/2015 the treating physician reports complaints of constant, sharp, burning pain to the left lumbosacral spine and gluteal region that radiates to the posterior thigh. The treating physician noted a 60% pain reduction with a residual ache to the left buttock after a transforaminal epidural steroid injection was performed to the lumbar four to five and lumbar five to sacral one region on 04/23/2015. The progress note also indicates that the injured worker was currently not taking any medications. Examination reveals tenderness to the bilateral spinous processes of the lumbar/thoracic paraspinal muscles, positive Patrick's Faber testing, limited range of motion to the lumbar/thoracic spine, positive sitting straight leg raise to the left lumbosacral spine down to the left ankle, and a positive supine straight leg raise. The treating physician noted magnetic resonance imaging of the lumbar performed on 01/02/2015 that was revealing for prominent left posterior disc herniation at lumbar four to five with displacement of the lumbar five nerve root. The treating physician requested a repeat left lumbar four to five and lumbar five to sacral one transforaminal epidural steroid injection, with moderate sedation, epidurography, and myelogram with the treating physician noting a 60%

reduction in pain after the first injection along with improved range of motion. The treating physician also noted that the second injection is more than two weeks from the previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L4-L5 and L5-S1 transforaminal epidural steroid injection, with moderate sedation, epidurography, and myelogram: 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 ESI Page(s): 46.

Decision rationale: The patient presents with pain affecting the lumbosacral spine and gluteal region with radiation to the posterior thigh. The current request is for Repeat left L4-L5 and L5-S1 transforaminal epidural steroid injection, with moderate sedation, epidurography and myelogram. The treating physician report dated 5/15/15 (41B) states, "Request repeat Left L4/5 and L5/S1 TFESI as supported by the MTUS in the diagnostic phase on injection based on 60% reduction in pain after first injection with improved ROM. Second injection spaced more than 2 weeks apart." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided, show that the patient has received a previous ESI at the L4-5 and L5-S1 level (4/23/15) and experienced a 60% reduction in pain and an improvement in ROM after the injection. In this case, the patient presents with low back that radiates down to the bilateral posterior thigh. Furthermore, the diagnoses of lumbar radiculopathy is corroborated by an MRI dated 1/2/15 (46B). The ODG Guidelines, under its low back chapter, states that myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. The patient has a clearly delineated, focal lesion seen on lumbar MRI. There is no indication that surgery is being planned. While this patient may require a lumbar epidural steroid injection, the current request also includes a myelogram. The current request is not medically necessary.