

Case Number:	CM15-0123024		
Date Assigned:	07/07/2015	Date of Injury:	12/01/2009
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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 63-year-old female who sustained an industrial injury on 12/01/2009. Mechanism of injury was not documented. Diagnoses include lumbosacral spondylosis with bilateral radiculopathy. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injection on 03/24/3015, and prior to the injection she demonstrated decreased left L5 sensation and decreased left extensor hallucis longus strength. In a note dated 04/14/2015, she reported that the pain prior to the epidural injection was 8-9 out of 10 and after the epidural it was reduced to 2 out of 10 in the leg, however the low back pain remained at 8 out of 10. She has received physical therapy. An unofficial Magnetic Resonance Imaging of the lumbar spine revealed disc protrusions at multiple levels of the lumbar spine along with spinal stenosis at the L3-L4, L4-L5m L5-S1 levels. There is also foraminal stenosis present at the L4-L5, and L3-L4 levels. A physician progress note dated 05/28/2015 documents the injured worker has had some relief from the 6 physical therapy treatments. She has low back pain radiating into the bilateral hips with numbness to the knee area. She rates her pain as 7 out of 10 on the pain scale. She has increased lumbar flexion range of motion; extension is 10 degrees with pain. Treatment requested is for Follow up after injection and Lumbar epidural injection L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, radiating into the bilateral hips with numbness to the knee area. The request is for Lumbar Epidural Injection L4-5. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes lumbar spine spondylosis with bilateral radiculopathy. Treatment to date has included diagnostic studies, lumbar epidural steroid injection on 03/25/15, physical therapy and medications. Patient's medications include Neurontin and Tramadol. The patient is released to regular work, per 05/28/15 work status report, and is retired per 05/28/15 progress report. Treatment reports were provided from 02/17/15-05/28/15. 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." MRI of the lumbar spine, per 02/17/15 progress report reveals "disc protrusions at multiple levels. There is also foraminal stenosis present at the L4-L5 and L3-L4 levels." Straight leg raise test was positive on left at 85 degrees and negative on right at 90 degrees, per treater report dated 03/05/15. Per 05/28/15 report, treater states the patient "was about 80% improved after ESI, but starting to return positive radicular symptoms lower extremity. Requesting ESI #2." Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation to the right paralumbar muscles and buttocks. Range of motion was decreased on extension 10 degrees. Straight leg raise test positive on the right at 80 degrees. In this case, treater has documented functional benefit from initial lumbar ESI at L5-S1 done on 03/25/15. Given documentation of benefit and unofficial lumbar spine MRI findings indicating presence of foraminal stenosis, the request for a repeat ESI would appear to be indicated. However, provided physical examination does not support patient's documented radicular leg symptoms. Straight leg raise test at 85 and 90 degrees is not considered a positive finding. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Follow up after injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, radiating into the bilateral hips with numbness to the knee area. The request is for Follow-Up After Injection. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes lumbar spine spondylosis with bilateral radiculopathy. Treatment to date has included diagnostic studies, lumbar epidural steroid injection on 03/25/15, physical therapy and medications. Patient's medications include Neurontin and Tramadol. The patient is released to regular work, per 05/28/15 work status report, and is retired per 05/28/15 progress report. Treatment reports were provided from 02/17/15 - 05/28/15. 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." 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. MRI of the lumbar spine, per 02/17/15 progress report reveals "disc protrusions at multiple levels. There is also foraminal stenosis present at the L4-L5 and L3-L4 levels." Straight leg raise test was positive on left at 85 degrees and negative on right at 90 degrees, per treater report dated 03/05/15. Per 05/28/15 report, treater states the patient "was about 80% improved after ESI, but starting to return positive radicular symptoms lower extremity. Requesting ESI #2." Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation to the right paralumbar muscles and buttocks. Range of motion was decreased on extension 10 degrees. Straight leg raise test positive on the right at 80 degrees. In this case, treater has documented functional benefit from initial lumbar ESI at L5- S1 done on 03/25/15. Given documentation of benefit and unofficial lumbar spine MRI findings indicating presence of foraminal stenosis, the request for a repeat ESI would appear to be indicated, and a follow up visit would be reasonable. However, provided physical examination does not support patient's documented radicular leg symptoms. Straight leg raise test at 85 and 90 degrees is not considered a positive finding. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, the request for second lumbar ESI is not in accordance with guidelines and is not certified, hence the request for follow up after injection is not warranted. Therefore, the request is not medically necessary.