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| Case Number: | CM15-0126218 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 06/17/2005 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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:

This 46-year-old man sustained an industrial injury on 6/17/2005. The mechanism of injury is not detailed. Evaluations include undated x-rays, MRI, electromyogram/nerve conduction studies, and bone scan. Diagnoses include lumbar disc displacement, low back pain, lumbar radiculopathy, and post-laminectomy syndrome of the lumbar region. Treatment has included oral medications, lumbar epidural steroid injection, spinal cord stimulator, and ice. Physician notes on a PR-2 dated 4/16/2015 show complaints of low back pain rated 6-7/10 with radiation to the right leg and weakness. Recommendations include Tramadol, Neurontin, Prilosec, Tizanidine, Lidoderm patch, Restoril, transforaminal lumbar epidural steroid injection, continue home exercise program, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5, L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 308-310 ACOEM.

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

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, right greater than left, rated 6-7/10. The patient is status post lumbar laminectomy, posterior fusion at L4-L5, date unspecified. The request is for RIGHT L4-5, L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Patient's diagnosis per Request for Authorization form dated 06/10/15 includes lumbar disc disease, lumbar radiculopathy, and low back pain. Treatment has included imaging and electrodiagnostic studies, epidural steroid injection, physical therapy and medications. Patient's medications include Neurontin, Prilosec, Tramadol, Tizanidine, Restoril and Lidoderm patch. Patient's work status not available. Treatment reports provided from 03/07/12 - 05/14/15. 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 04/16/15 report, treater states patient has "bilateral low back pain R>L... Bilateral lower extremity (R>L) OFF and ON numbness, no tingling, mild weakness, (right) heaviness, no spasm... The patient states that he had > 50-60% relief with the caudal epidural on 9/30/13. There is no other alternatives therapy available to alleviate his pain at this time. The patient would like to have IV sedation due to fear of spinal injection that will be done performed by an anesthesiologist..." Physical examination to the lumbar spine on 04/16/15 revealed spasm and tenderness to paraspinals on the right. Range of motion decreased and limited due to pain, especially on extension 10 degrees. Positive straight leg raising on the right. EMG study of the lower extremities dated 09/27/11 revealed "evidence of moderate chronic L5 radiculopathy on the right." In this case, the patient continues with low back pain with radicular component to leg, right greater than left. Treater has supported patient's symptoms with physical examination findings. However, provided imaging study does not corroborate lumbosacral, L5-S1 level to be injected. Undated CT of the lumbar spine performed post laminectomy states "... bone appears to be narrowing the right neural foramen at L4-L5. Lumbosacral level is unremarkable." MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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.