

Case Number:	CM15-0165248		
Date Assigned:	09/02/2015	Date of Injury:	12/24/2014
Decision Date:	12/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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 12-24-2014. A review of the medical records indicates that the worker is undergoing treatment for chronic low back pain, lumbar discogenic pain, lumbar stenosis, chronic pain syndrome and myalgia. MRI of the lumbar spine dated 01-03-2015 showed disc protrusion at L4-L5 contributing to mild spinal canal stenosis and compression of the thecal sac, lateral recess narrowing and moderate right sided neural foraminal stenosis which could impinge the right L4 exiting spinal nerve. Treatment has included Gabapentin, Norco, Cyclobenzaprine, Ibuprofen, physical therapy and lumbar epidural steroid injection. Subjective complaints (06-18-2015, 07-16-2015 and 08-13-2015) included low back pain rated as 8-10 out of 10 without medication and 6-7 out of 10 with medications along with numbness down the bilateral legs. During the 06-18-2015 visit, the physician noted that the worker had a lumbar epidural steroid injection on 04-28-2015 which was helpful but not significant, with only about 30% pain relief. Pain was noted to be not as constant since the injection but was noted to continue to be severe in nature. Objective findings (06-18-2015, 07-16-2015 and 08-13-2015) included slightly diminished sensation in the right leg, tenderness to palpation of the sciatic notch on the right side and the bilateral sacroiliac joints, tenderness and moderate muscle spasm over the paraspinal muscles, positive bilateral straight leg raise and limited flexion due to pain. During the 07-16-2015 visit the physician noted that the injured worker had tried and failed lumbar epidural steroid injection and was going to be seen for surgical consult. On 08-13-2015 the physician noted that a surgical consultation was performed a surgery was not recommended. The surgeon was noted to agree with treatment plan to repeat

lumbar epidural steroid injection. The physician noted that lumbar epidural steroid injection at bilateral L4 was being requested with the goal of reducing the worker's radicular and discogenic pain and to improve function. A utilization review dated 08-18-2015 non-certified requests for right L4 transforaminal epidural steroid injection with fluoroscopic guidance, left L4 transforaminal epidural steroid injection with fluoroscopic guidance and with conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 transforaminal epidural steroid injection with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with low back pain with numbness down his bilateral leg. The request is for RIGHT L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION

WITH FLUOROSCOPIC GUIDANCE. The request for authorization form is dated 08/14/15. MRI of the lumbar spine, 01/03/15, shows at L3-4 mild diffuse disc bulge without significant spinal canal or neural foraminal stenosis; at L4-5 diffuse disc bulge with posterior disc protrusion, mild degenerative facet arthropathy, this contributes to mild spinal canal stenosis and compression of the thecal sac, there is lateral recess narrowing without definite impingement, there is neural foraminal stenosis which is moderate on the RIGHT and mild on the LEFT, there could be impingement of the RIGHT L4 exiting spinal nerve. X-ray of the lumbosacral spine, 08/10/15, shows mild disc degenerative changes of the lower thoracic and upper lumbar spine with minimal retrolisthesis of L2-1, L3, approximately 2 mm.

Patient's diagnoses include chronic low back pain; lumbar discogenic pain; lumbar stenosis; chronic pain syndrome; myalgia. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is intact but slight diminished on the RIGHT leg. Sciatic notch is tender to palpation on the RIGHT side. Sacroiliac joints are moderately tender to palpation bilaterally. Tenderness and moderate muscle spasm over the paraspinal muscles. Straight leg raising is positive bilaterally. Limited flexion due to pain. He will continue his HEP and was advised to use ice daily to help with pain and inflammation.

Patient's medications include Flexeril, Neurontin, Norco, Desyrel, and Mobic. Per progress report dated 08/13/15, the patient is TTD. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 08/13/15, treater's reason for the request is "We reviewed [REDACTED] report." He also believed that [the patient] is likely to benefit from a repeat lumbar ESI. The goal of the epidural injections is to reduce the patient's radicular and discogenic pain and improve

function." In this case, it appears the treater has performed the Epidural Steroid Injection prior to authorization on 09/22/15. Given the physical exam findings of radicular symptoms, the request appears reasonable. However, per progress report dated 05/20/15, treater states, "He had a lumbar ESI on 4/28 and reports that it was helpful, but not significant, about 30% pain relief." The pain relief obtained from the prior Epidural Steroid Injection does not meet MTUS guidelines indication for a repeat injection. Therefore, the request IS NOT medically necessary.

Left L4 transforaminal epidural steroid injection with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with low back pain with numbness down his bilateral leg. The request is for LEFT L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE. The request for authorization form is dated 08/14/15. MRI of the lumbar spine, 01/03/15, shows at L3-4 mild diffuse disc bulge without significant spinal canal or neural foraminal stenosis; at L4-5 diffuse disc bulge with posterior disc protrusion, mild degenerative facet arthropathy, this contributes to mild spinal canal stenosis and compression of the thecal sac, there is lateral recess narrowing without definite impingement, there is neural foraminal stenosis which is moderate on the RIGHT and mild on the LEFT, there could be impingement of the RIGHT L4 exiting spinal nerve. X-ray of the lumbosacral spine, 08/10/15, shows mild disc degenerative changes of the lower thoracic and upper lumbar spine with minimal retrolisthesis of L2-1, L3, approximately 2 mm. Patient's diagnoses include chronic low back pain; lumbar discogenic pain; lumbar stenosis; chronic pain syndrome; myalgia. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is intact but slight diminished on the RIGHT leg. Sciatic notch is tender to palpation on the RIGHT side. Sacroiliac joints are moderately tender to palpation bilaterally. Tenderness and moderate muscle spasm over the paraspinal muscles. Straight leg raising is positive bilaterally. Limited flexion due to pain. He will continue his HEP and was advised to use ice daily to help with pain and inflammation. Patient's medications include Flexeril, Neurontin, Norco, Desyrel, and Mobic. Per progress report dated 08/13/15, the patient is TTD. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 08/13/15, treater's reason for the request is "We reviewed [REDACTED] report. He also believed that [the patient] is likely to benefit from a repeat lumbar ESI. The goal of the epidural injections is to reduce the patient's radicular and discogenic pain and improve function." In this case, it appears the treater has performed the Epidural Steroid Injection prior to authorization on 09/22/15. Given the physical exam findings of radicular symptoms, the request appears reasonable. However, per progress report dated 05/20/15, treater states, "He had a lumbar ESI on 4/28 and reports that it was helpful, but not significant, about 30%

pain relief." The pain relief obtained from the prior Epidural Steroid Injection does not meet MTUS guidelines indication for a repeat injection. Therefore, the request IS NOT medically necessary.

With conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with low back pain with numbness down his bilateral leg. The request is for WITH CONSCIOUS SEDATION. The request for authorization form is dated 08/14/15. MRI of the lumbar spine, 01/03/15, shows at L3-4 mild diffuse disc bulge without significant spinal canal or neural foraminal stenosis; at L4-5 diffuse disc bulge with posterior disc protrusion, mild degenerative facet arthropathy, this contributes to mild spinal canal stenosis and compression of the thecal sac, there is lateral recess narrowing without definite impingement, there is neural foraminal stenosis which is moderate on the RIGHT and mild on the LEFT, there could be impingement of the RIGHT L4 exiting spinal nerve. X-ray of the lumbosacral spine, 08/10/15, shows mild disc degenerative changes of the lower thoracic and upper lumbar spine with minimal retrolisthesis of L2-1, L3, approximately 2 mm. Patient's diagnoses include chronic low back pain; lumbar discogenic pain; lumbar stenosis; chronic pain syndrome; myalgia. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is intact but slight diminished on the RIGHT leg. Sciatic notch is tender to palpation on the RIGHT side. Sacroiliac joints are moderately tender to palpation bilaterally. Tenderness and moderate muscle spasm over the paraspinal muscles. Straight leg raising is positive bilaterally. Limited flexion due to pain. He will continue his HEP and was advised to use ice daily to help with pain and inflammation. Patient's medications include Flexeril, Neurontin, Norco, Desyrel, and Mobic. Per progress report dated 08/13/15, the patient is TTD. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 08/13/15, treater's reason for the request is "We reviewed [REDACTED] report. He also believed that [the patient] is likely to benefit from a repeat lumbar ESI. The goal of the epidural injections is to reduce the patient's radicular and discogenic pain and improve function." In this case, it appears the treater is requesting Conscious Sedation for the epidural steroid injection with fluoroscopic guidance procedure. However, the request for epidural steroid injection has not been authorized. Therefore, the request IS NOT medically necessary.