

Case Number:	CM15-0171947		
Date Assigned:	09/23/2015	Date of Injury:	02/24/2005
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 2-24-2005. The injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar-lumbosacral disc degeneration and sciatica. The request for authorization is for: lumbar epidural steroid injection at L5-S1, quantity 1; each additional level, quantity 2; fluoroscopic guidance quantity 1; lumbar epidurogram quantity 1; IV sedation quantity 1. The UR dated 8-25-15: non-certified the request for lumbar epidural steroid injection at L5-S1, quantity 1; each additional level, quantity 2; fluoroscopic guidance quantity 1; lumbar epidurogram quantity 1; IV sedation quantity 1. Dates of service reviewed 8-11-08 to 8-21-15. He reported low back pain with radiation down the left leg with associated numbness and tingling in the left leg. There is notation of his being evaluated by a surgeon who felt he was not a candidate that the time. He indicated he had episodes of difficulty walking. Physical examination revealed: patella and Achilles deep tendon reflexes bilaterally were symmetrical, and no clonus sign is noted. There is notation of decreased sensation of the left L3 and L5 dermatomes; negative straight leg raise testing, spasms and tenderness in the low back. Pain rated: no pain level is included in the documentation. The treatment and diagnostic testing to date has included: chiropractic sessions, physical therapy, gym exercises, acupuncture and at least 12 sessions of massage; diagnostic testing reports such as magnetic resonance imaging and electrodiagnostic studies were not included in the medical records; a previous lumbar epidural steroid injection (12-10-13) results of which are not clear. The provider noted that a magnetic resonance imaging (9-5-13) revealed

bulging at L4-L5 and L5-S1. Medications have included: Gabapentin, Naproxen, Protonix, and Ketamine cream. Current work status: permanent and stationary with work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 with additional level times 2 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>; Official Disability Guidelines (ODG), Pain (updated 07/15/15) Online Version.

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2005 and continues to be treated for severe low back pain with left leg and groin pain and radiating pain into the left lower extremity and he has left lower extremity numbness and tingling. When seen, review of systems was negative for anxiety. Physical examination findings included decreased left lower extremity sensation. There was lumbar tenderness with muscle spasms and guarding. An MRI of the lumbar spine is referenced as showing progression of the left lateralized L5/S1 disc protrusion and probable left L5 nerve root impingement. Authorization is being requested for a three level left-sided lumbar transforaminal epidural injection including use of sedation. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity sensation and imaging is reported as showing left lateralized findings at L5/S1. A lumbar epidural steroid injection is medically necessary. However, a three level procedure is being requested and guidelines recommend no more than two level be treatment when performing a transforaminal epidural steroid injection. For this reason, the epidural injection and the requested epidurogram are not medically necessary.

Lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>; ODG, Pain (updated 07/15/15) Online Version.

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2005 and continues to be treated for severe low back pain with left leg and groin pain and radiating pain into the left lower extremity and he has left lower extremity numbness and

tingling. When seen, review of systems was negative for anxiety. Physical examination findings included decreased left lower extremity sensation. There was lumbar tenderness with muscle spasms and guarding. An MRI of the lumbar spine is referenced as showing progression of the left lateralized L5/S1 disc protrusion and probable left L5 nerve root impingement. Authorization is being requested for a three level left-sided lumbar transforaminal epidural injection including use of sedation. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity sensation and imaging is reported as showing left lateralized findings at L5/S1. A lumbar epidural steroid injection is medically necessary. However, a three level procedure is being requested and guidelines recommend no more than two level be treatment when performing a transforaminal epidural steroid injection. For this reason, the epidural injection and the requested epidurogram are not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>; ODG, Pain (updated 07/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant has a remote history of a work injury occurring in February 2005 and continues to be treated for severe low back pain with left leg and groin pain and radiating pain into the left lower extremity and he has left lower extremity numbness and tingling. When seen, review of systems was negative for anxiety. Physical examination findings included decreased left lower extremity sensation. There was lumbar tenderness with muscle spasms and guarding. An MRI of the lumbar spine is referenced as showing progression of the left lateralized L5/S1 disc protrusion and probable left L5 nerve root impingement. Authorization is being requested for a three level left-sided lumbar transforaminal epidural injection including use of sedation. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity sensation and imaging is reported as showing left lateralized findings at L5/S1. A lumbar epidural steroid injection is medically necessary. However, a three level procedure is being requested and guidelines recommend no more than two level be treatment when performing a transforaminal epidural steroid injection. The request that was submitted for the epidural injection cannot be accepted as being medically necessary. Sedation is being requested and there is no documentation of a medically necessary reason for sedation during the procedure being requested. This request is not medically necessary for this reason as well.

