

Case Number:	CM15-0071155		
Date Assigned:	04/21/2015	Date of Injury:	02/03/2014
Decision Date:	06/30/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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 65 year old female, who sustained an industrial injury on 2/3/2014. She reported cumulative injury, a motor vehicle accident and being injured by a student. The injured worker was diagnosed as having lumbosacral herniated nucleus pulposus and mild degenerative scoliosis. Cervical spine magnetic resonance imaging showed multi-level spondylosis and degenerative disc disease and magnetic resonance imaging of the left shoulder showed tendinosis. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 3/2/2015, the injured worker complains of low back pain. The treating physician is requesting 2 lumbosacral epidural steroid injections with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1 #2 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for LUMBAR ESI L5-S1 #2 QTY: 1.00. The request for authorization is dated 03/10/15. MRI of the lumbar spine, 12/10/14, shows a left paracentral disc protrusion at L5-S1 causing mild to moderate left lateral recess stenosis and displaces the left S1 nerve root posteriorly. The patient is status-post Lumbar ESI L5-S1, 02/13/15. She has had about a 50% improvement, she reports. Physical examination of the lumbar spine reveals diffuse tenderness. Positive left straight leg raising test. Sensation is intact to light touch and pinprick throughout. She unfortunately has not benefited significantly from physical therapy. Per progress report dated 02/11/15, the patient is temporarily totally disabled. 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, 03/02/15, treater's reason for the request is "In view of the patient's response to her epidural injection, I would recommend she receive #2 and #3 injections." In this case, it appears the treater is requesting a repeat injection based on good success from a prior lumbar epidural steroid injection dated, 02/13/15. MTUS requires for repeat injections, documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, from the procedure date of 02/13/15 to the RFA date of 03/10/15, since it has only been four weeks, it is too early to determine if patient's pain and functional improvement will last at least six to eight weeks as required by MTUS. Therefore, the request IS NOT medically necessary.

Lumbar ESI L5-S1 #3 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for LUMBAR ESI L5-S1 #3 QTY: 1.00. The request for authorization is dated 03/10/15. MRI of the lumbar spine, 12/10/14, shows a left paracentral disc protrusion at L5-S1 causing mild to moderate left lateral recess stenosis and displaces the left S1 nerve root posteriorly. The patient is status-post Lumbar ESI L5-S1, 02/13/15. She has had about a 50% improvement, she reports. Physical examination of the lumbar spine reveals diffuse tenderness. Positive left straight leg raising test. Sensation is intact to light touch and pinprick throughout. She unfortunately has not benefited significantly from physical therapy. Per progress report

dated 02/11/15, the patient is temporarily totally disabled. 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, 03/02/15, treater's reason for the request is "In view of the patient's response to her epidural injection, I would recommend she receive #2 and #3 injections." In this case, it appears the treater is requesting a repeat injection based on good success from a prior lumbar epidural steroid injection dated, 02/13/15. MTUS requires for repeat injections, documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. However, the request for Lumbar ESI L5-S1 #2 has not been authorized. Therefore, the request IS NOT medically necessary.

Fluoroscopic guidance Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fluoroscopy (ESI's).

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for FLUOROSCOPIC GUIDANCE QTY: 1.00. The request for authorization is dated 03/10/15. MRI of the lumbar spine, 12/10/14, shows a left paracentral disc protrusion at L5-S1 causing mild to moderate left lateral recess stenosis and displaces the left S1 nerve root posteriorly. The patient is status-post Lumbar ESI L5-S1, 02/13/15. She has had about a 50% improvement, she reports. Physical examination of the lumbar spine reveals diffuse tenderness. Positive left straight leg raising test. Sensation is intact to light touch and pinprick throughout. She unfortunately has not benefited significantly from physical therapy. Per progress report dated 02/11/15, the patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fluoroscopy (ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. Per progress report dated, 03/02/15, treater's reason for the request is "In view of the patient's response to her epidural injection, I would recommend she receive #2 and #3 injections." In this case, it appears the treater is requesting a repeat injection with Fluoroscopic Guidance. In this case, ODG guidelines recommend the use of Fluoroscopic Guidance for epidural steroid injections. However, the request for Lumbar ESI L5-S1 #2 has not been authorized. Therefore, the request IS NOT medically necessary.

Fluoroscopic guidance Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fluoroscopy (ESI's).

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for FLUOROSCOPIC GUIDANCE QTY: 1.00. The request for authorization is dated 03/10/15. MRI of the lumbar spine, 12/10/14, shows a left paracentral disc protrusion at L5-S1 causing mild to moderate left lateral recess stenosis and displaces the left S1 nerve root posteriorly. The patient is status-post Lumbar ESI L5-S1, 02/13/15. She has had about a 50% improvement, she reports. Physical examination of the lumbar spine reveals diffuse tenderness. Positive left straight leg raising test. Sensation is intact to light touch and pinprick throughout. She unfortunately has not benefited significantly from physical therapy. Per progress report dated 02/11/15, the patient is temporarily totally disabled. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fluoroscopy (ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. Per progress report dated, 03/02/15, treater's reason for the request is "In view of the patient's response to her epidural injection, I would recommend she receive #2 and #3 injections." In this case, it appears the treater is requesting a repeat injection with Fluoroscopic Guidance. In this case, ODG guidelines recommend the use of Fluoroscopic Guidance for epidural steroid injections. However, the request for Lumbar ESI L5-S1 #3 has not been authorized. Therefore, the request IS NOT medically necessary.