

Case Number:	CM15-0092752		
Date Assigned:	05/19/2015	Date of Injury:	04/05/2002
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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 56-year-old female, with a reported date of injury of 04/05/2002. The diagnoses include status post lumbar spine fusion surgery, lumbar disc disease, lumbar radiculopathy, post-laminectomy syndrome of the lumbar spine, and low back pain. Treatments to date have included urine drug tests, oral medications, electrodiagnostic studies, lumbar epidural steroid injection, and an MRI of the lumbar spine on 10/23/2006. The medical report dated 04/16/2015 indicates that the injured worker complained of severe pain in her low back. There was severe pain from the low back shooting down her left leg. The handwritten medical report dated the same day indicates that the injured worker's pain level was rated 7 out of 10. The objective findings include decreased sensation in the L5 dermatome bilaterally, positive straight leg raise test in the left lower extremity, and decreased lumbar spine range of motion. The treating physician requested L5 caudal steroid injection under epidurography and monitored anesthesia care in an outpatient facility. It was noted that the injured worker was experiencing an exacerbation of pain, and the injection was requested so that she did not escalate her pain medication use, and for her to be able to continue with her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient facility: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The patient presents with severe low back pain shooting down the left leg. The physician is requesting Outpatient Facility. The RFA dated 04/28/2015 does not include this request. The patient's work status was referred to her primary treating physician. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. The treatment report making the request was not made available to determine the rationale behind the request. However, it would appear that this request is in conjunction with a lumbar spine caudal steroid injection and epidurography. The 04/16/2015 report notes an exacerbation of pain and a discussion of a possible lumbar epidural steroid injection so as not to "escalate her pain medication use and for her to be able to continue with her activities of daily living." It is unclear why the physician is making a separate billable request for an outpatient facility. Furthermore, an outpatient facility is not a procedure or service that can be rendered. The request is not medically necessary.

L5 Caudal Steroid Injection: Upheld

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

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

Decision rationale: The patient presents with severe low back pain shooting down the left leg. The physician is requesting L5 Caudal Steroid Injection. The RFA dated 04/28/2015 shows a request for L5 caudal steroid injection. The patient's work status was referred to her primary treating physician. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Per the 04/16/2015 report, the patient is experiencing severe low back pain shooting down her left leg. Examination showed strength is 5/5 bilaterally in the lower extremities. Sensation is decreased in the L5 dermatome bilaterally. Hypoactive left patellar tendon reflex and left ankle reflex were noted. Straight leg raise is positive on the left. Range of motion is decreased in the lumbar spine. Reports show that she had a lumbar epidural steroid injection on 04/09/2013 which provided 50% improvement. The AME from 02/26/2014 referenced an MRI of the lumbar spine from 03/04/2014 that showed: 1 L5-S1: There is a 2-mm posterior bulge or protrusion with slight central canal narrowing. The foramina are maintained. While the patient's last ESI did provide 50% pain relief, duration of pain relief and medication reduction was not documented.

Furthermore, the MRI does not show significant protrusion or stenosis. The patient does not meet the criteria set by the MTUS guidelines for a repeat ESI. The request is not medically necessary.

Epidurography: Upheld

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

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

Decision rationale: The patient presents with severe low back pain shooting down the left leg. The physician is requesting Epidurography. The RFA dated 04/28/2015 shows a request for epidurography x1. The patient's work status was referred to her primary treating physician. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the physician has documented radiculopathy; however, the MRI does not show significant stenosis or protrusion. The patient's last ESI performed on 04/06/2013 did result in 50% improvement; however, duration and medication reduction was not documented. Epidurography is sometimes billed separately by physicians that perform ESI's. While fluoroscopic use is recommended during epidural injections, epidurography is part of the epidural injection for contrast localization. MTUS guidelines do not discuss epidurography and should be part and parcel of routine epidural steroid injections. The request is not in line with guideline criteria, the request is not medically appropriate.

Monitored Anesthesia Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: The patient presents with severe low back pain shooting down the left leg. The physician is requesting Monitored Anesthesia Care. The RFA dated 04/28/2015 shows a request for monitored anesthesia care. The patient's work status was referred to her primary treating physician. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. ODG-TWC, Pain (Chronic) Chapter under 'Epidural Steroid Injections (ESIs) states: "...sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided." Given that the request for an L5 caudal steroid injection was denied, monitored anesthesia care is not necessary. Furthermore, ESI does not require anesthesia other than light sedation. There is no guideline support for anesthesia for this type of procedure. Therefore, the request is not medically necessary.