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| Case Number: | CM15-0093642 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 09/03/1997 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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:

September 3, 1997. The injured worker previously received the following treatments spinal cord stimulator with Dilaudid, oral dilaudid and lumbar fusion. The injured worker was diagnosed with failed back surgery syndrome, bilateral sacroiliac joint pain, bilateral lower extremity neuropathy and new left lumbar radiculopathy. According to progress note of April 30, 2015, the injured workers chief complaint was burning pain in the right buttocks, wrapping around the left leg into the top of the foot. The injured stated it felt like the injured worker was sitting on hot coals. The injured worker uses Dilaudid in the cord stimulator, which was helpful with the pain. The physical exam noted tenderness with palpation of the lumbar axial region and bilateral sacral joints. The Fibers test was positive bilaterally and distraction test positive bilaterally. The motor test was equal bilaterally, 5 out of 5. There was decreased sensory bilaterally to the lower extremities. According to the progress note of April 2, 2015, the injured worker had a new diagnosis of left radiculopathy. There was new decreased sensation of pin prick testing over the dorsum of the left foot. The straight leg raises were positive on the left and negative on the right. The treatment plan included 1 left L5 selective nerve root block under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L5 selective nerve root block under fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 under Epidural Steroid Injections (ESIs) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left leg into foot. The patient is status post lumbar fusion, date unspecified. The request is for ONE LEFT L5 SELECTIVE NERVE ROOT BLOCK UNDER FLOURO. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes left lumbar radiculopathy. Patient's gait favors the left leg. Treatment to date included lumbar fusion, spinal cord stimulator, home exercise program and medications. Patient medication include Hydrocodone and Dilaudid. The patient is disabled, per 04/30/15 report. Treatment reports were provided from 12/16/147 - 04/30/15. MTUS has the following regarding ESIs, 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. 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." 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." 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)" Physical examination on 04/02/15 revealed positive straight leg raise test on the left and decreased sensation to pinprick over the dorsum of left foot. In this case, treater has documented patient's low back radicular symptoms and supported with physical examination findings. Per 04/02/15 progress report, treater states "The difficulty is with the diagnosis. [The patient] cannot have an MRI due to his stimulator and I do not find EMGs to be diagnostic, so I think in this case, it is reasonable to do a left L5 selective nerve root block to define where this symptom is coming from and hopefully, help him resolve it without needing further interventions..." However, MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, which have not been provided. Furthermore, the patient is status post lumbar fusion; and ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.