

Case Number:	CM15-0095153		
Date Assigned:	05/21/2015	Date of Injury:	02/25/1994
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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 78-year-old female who sustained an industrial injury on 2/25/94. The injured worker was diagnosed as having lumbar spine pain and lumbar degenerative disc disease. Currently, the injured worker was with complaints of pain in the right sided lower back and right leg. Previous treatments included rest, heat, and use of a walker, physical therapy, water aerobics, physical therapy, medication management and activity modification. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for epidural steroid injection, intravenous sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 transforaminal epidural steroid injection, per 05/06/15 order: Overturned

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 78-year-old patient presents with right-sided lower back pain that radiates to right buttock, anterior lateral right thigh, and lower leg, as per progress report dated 04/23/15. The request is for right L3 transforaminal epidural steroid injection, per 05/06/15 order. The RFA for this case is dated 05/06/15, and the patient's date of injury is 02/25/94. Diagnoses, as per progress report dated 04/23/15, included lumbar pain, lumbar degenerative disc disease, lumbar HNP/bulge, lumbar radiculopathy, and lumbar spinal stenosis. The patient is status post decompression laminectomy in 1994. She is currently retired, as per the same progress report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs), and page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and 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. In this case, the patient did receive an ESI in 2000, which helped her symptoms a lot at that time. The patient suffers from lumbar pain radiating to right lower extremity. Physical examination reveals a positive straight leg raise on the right. MRI of the lumbar spine, dated 01/08/15, included bulging with superimposed extrusion at L3-4 causing severe foraminal narrowing, moderate to severe canal stenosis, possible nerve abutment, and severe lateral recess narrowing. Given the significant MRI findings, radicular symptoms and exam, a repeat injection at these levels appear medically reasonable. The patient's last injection was a number of years ago. The request is medically necessary.

Right L4 transforaminal epidural steroid injection, per 05/06/15 order: Overturned

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 78-year-old patient presents with right-sided lower back pain that radiates to right buttock, anterior lateral right thigh, and lower leg, as per progress report dated 04/23/15. The request is for right L4 transforaminal epidural steroid injection, per 05/06/15 order. The RFA for this case is dated 05/06/15, and the patient's date of injury is 02/25/94. Diagnoses, as per progress report dated 04/23/15, included lumbar pain, lumbar degenerative disc disease, lumbar HNP/bulge, lumbar radiculopathy, and lumbar spinal stenosis. The patient is status post decompression laminectomy in 1994. She is currently retired, as per the same progress report. MTUS Chronic Pain Treatment Guidelines, section on epidural steroid injections (ESIs), page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and 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. In this case, the patient did receive an ESI in 2000, which helped her symptoms a lot at that time. The patient suffers from lumbar pain radiating to right lower extremity. Physical examination reveals a positive straight leg raise on the right. MRI of the lumbar spine, dated 01/08/15, included bulging with superimposed extrusion at L3-4 causing severe foraminal narrowing, moderate to severe canal stenosis, possible nerve abutment, and severe lateral recess narrowing. Given the significant MRI findings, radicular symptoms and exam, a repeat injection at these levels appear medically reasonable. The patient's last injection was a number of years ago. The request is medically necessary.

IV sedation, per 05/06/15 order: Overturned

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 Head chapter, Sedation.

Decision rationale: The 78 year old patient presents with right-sided lower back pain that radiates to right buttock, anterior lateral right thigh, and lower leg, as per progress report dated 04/23/15. The request is for IV sedation, per 05/06/15 order. The RFA for this case is dated 05/06/15, and the patient's date of injury is 02/25/94. Diagnoses, as per progress report dated 04/23/15, included lumbar pain, lumbar degenerative disc disease, lumbar HNP/bulge, lumbar radiculopathy, and lumbar spinal stenosis. The patient is status post decompression laminectomy in 1994. She is currently retired, as per the same progress report. ODG guidelines, chapter 'Head' and topic 'Sedation', states, "Sedation and neuromuscular blockade are appropriate if needed for transport." Short-acting agents are preferred to allow for serial exams. One study found that analgesia-based sedation with remifentanyl permitted significantly faster and more predictable awakening for neurological assessment. Two other studies found that a protocol-based sedation with an intracranial pressure control regimen is a safe, acceptable, and, possibly, desirable alternative to an opiate-based sedation regimen in intubated head-injured patients. In this case, ODG guidelines support the use IV sedation for the transportation of short-acting agents. The patient has been authorized for ESI of the lumbar spine at L3 and L4. Consequently, the request for IV sedation is medically necessary as well.

Fluoroscopy, per 05/06/15 order: Overturned

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 Fluoroscopy (for ESI's).

Decision rationale: The 78-year-old patient presents with right-sided lower back pain that radiates to right buttock, anterior lateral right thigh, and lower leg, as per progress report dated 04/23/15. The request is for fluoroscopy, per 05/06/15 order. The RFA for this case is dated 05/06/15, and the patient's date of injury is 02/25/94. Diagnoses, as per progress report dated 04/23/15, included lumbar pain, lumbar degenerative disc disease, lumbar HNP/bulge, lumbar radiculopathy, and lumbar spinal stenosis. The patient is status post decompression laminectomy in 1994. She is currently retired, as per the same progress report. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "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." In this case, ODG guidelines support the use of fluoroscopy for epidural injections. The patient has been authorized for ESI of the lumbar spine at L3 and L4. Consequently, the request for fluoroscopy is medically necessary as well.