

Case Number:	CM13-0030228		
Date Assigned:	11/27/2013	Date of Injury:	11/14/2012
Decision Date:	05/20/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old male who reported an injury on 11/14/2012. The documentation provided for review indicated the injured worker had a prior bilateral L3 and L4 transforaminal epidural steroid injection which provided only short-term relief. The injection was performed on 03/06/2013. The mechanism of injury was the injured worker was reaching for a computer bag and his knee buckled and he felt a pop in the right leg and sharp pain in the back. There was no DWC Form RFA submitted with the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION FOR LEVELS L3 AND L4, UNDER FLUOROSCOPY AND IV SEDATION, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines recommend for repeat epidural steroid injections, there should be documentation of objective pain relief, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and objective functional

improvement. The clinical documentation submitted for review failed to provide documentation of an objective physical examination to support the necessity for a repeat epidural steroid injection. There was lack of documentation of at least 50% pain relief with associated medication reduction for 6 to 8 weeks and objective functional improvement. There was a lack of documentation of exceptional factors to support the necessity for the requested procedure. The MTUS Chronic Pain Guidelines do not address IV sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate there is no evidence based literature to make a firm recommendation as to use sedation during an epidural steroid injection. There was a lack of documentation submitted to support the request to indicate the necessity for IV sedation during an epidural steroid injection. Given the above, the request for 1 right transforaminal epidural steroid injection for levels L3 and L4, under fluoroscopy and IV sedation as an outpatient is not medically necessary and appropriate.