

Case Number:	CM13-0056530		
Date Assigned:	06/09/2014	Date of Injury:	01/15/2013
Decision Date:	08/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 patient is 41-year-old male who has submitted a claim for lumbar disc protrusion L5-S1, lumbar radiculopathy, lumbar spine myoligamentous sprain/strain associated from an industrial injury date of January 15, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated March 4, 2014 revealed that the patient continues to have low back pain, severe, radiating to the lower extremities, predominantly on the right. On physical examination, there is slight tenderness in the lumbar paravertebral muscles. Flexion is limited to 35 degrees, extension is limited to 5 degrees, and bilateral bending is limited to 10 degrees, all of which cause increased low back pain. Straight leg raise is positive at 35 degrees with pain in the lower back. There is decreased sensation in the right leg L5 dermatome. Treatment to date has included physical therapy, TENS, back brace, and medications that include Relafen, Tramadol, Toradol, Lorcet, Norflex, Norco, diclofenac and topical analgesic cream. Utilization review from November 14, 2013 denied the request for anesthesia for L4-5 level epidural injection on the right. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANESTHESIA FOR L4-5 LEVEL EPIDURAL INJECTION ON THE RIGHT: 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 Other Medical Treatment Guideline or Medical Evidence: Article: Avoiding Catastrophic Complications from Epidural Steroid Injections.

Decision rationale: CA MTUS and ODG do not address the topic on anesthesia for epidural steroid injection. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the article 'Avoiding Catastrophic Complications from Epidural Steroid Injections' was used instead. It states that the deeply sedated patient may become agitated and may move unexpectedly. Also, paresthesias may alert to the fact that the physician has contacted the cord. There are many anecdotal accounts of patients who have had intense paresthesias and/or motor responses to contact of a needle with the spinal cord, as well as a number of cases in which general anesthesia or moderate to deep sedation appeared to block such responses. In this case, the patient is for lumbar epidural steroid injection at L4-5 under fluoroscopy. However, there is no documentation of co-morbidities or complaints that would require MAC anesthesia for the procedure. Therefore, the request for anesthesia for L4-5 level epidural injection on the right is not medically necessary.