

Case Number:	CM13-0063019		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2002
Decision Date:	05/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; electrodiagnostic testing of September 2007, apparently notable for evidence of an L5-S1 radiculopathy; a cane; twelve (12) sessions of physical therapy, per the claims administrator; and twenty-four (24) sessions of acupuncture. In a Utilization Review Report of November 22, 2013, the claims administrator denied a request for an L4-L5 and L5-S1 lumbar epidural steroid injection. The claims administrator stated that the applicant has had a prior epidural steroid injection before lumbar fusion surgery, which was reportedly beneficial. The claims administrator stated that the applicant had not had adequate conservative care following surgery before the epidural was sought. The applicant's attorney subsequently appealed. A December 17, 2013 progress note was notable for comments that the applicant presented for a medication refill. The applicant apparently had MRI imaging in March 2009 which demonstrated some possible compromise of the L5 neural foramen following earlier spine surgery. The applicant's medication list included Flexeril, Effexor, Butrans, Voltaren, Ketamine cream, Zestril, and Tenormin. Permanent work restrictions were renewed. On December 11, 2013, the applicant was described as reporting persistent low back pain radiating to legs. A surgical consultation was pending. Diminished lower extremity sensorium was noted with positive straight leg raising and an antalgic gait also appreciated. The applicant was using a cane. A surgical consultation was again sought. On November 19, 2013, the attending provider noted that the applicant reported pain as high as 9/10 at times and reiterated that the applicant was using a cane. It was stated that the applicant was having pain radiating to legs and that the applicant was appealing the previously

denied epidural steroid injection. Positive straight leg raising and hyposensorium are noted about the lower extremities. The epidural steroid injection decision was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 AND L5-S1 BILATERAL TRANSFORMINAL LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the pursuit of repeat epidural blocks should be predicated on the evidence of lasting pain relief and functional improvement with earlier blocks. In this case, the attending provider has proposed that the applicant has had two (2) prior epidural steroid injections admittedly prior to her most recent lumbar spine surgery. The applicant has, however, failed to have any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work, and is on total temporary disability. The applicant underwent two (2) prior spine surgeries, implying that the previous epidural injections were unsuccessful. The applicant continues to remain highly reliant on a cane and walker. The applicant is also using a variety of opioid and non-opioid agents, including Butrans and Effexor. All of the above, taken together, argue against the presence of functional improvement with the two (2) prior epidural steroid injections. The guidelines also recommend no more than two (2) lifelong epidural steroid injections. For all of the stated reasons, then, the request is not certified.

LUMBAR EPIDUROGRAM WITH INTRAVENOUS (IV) SEDATION FLUOROSCOPIC GUIDANCE, CONTRAST DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAUDAL EPIDURALS: THE ACCURACY OF LIND NEEDLE PLACEMENT AND THE VALUE OF A CONFIRMATORY EPIDUROGRAM ([HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/20512512](http://www.ncbi.nlm.nih.gov/pubmed/20512512)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN JOURNAL OF NEURORADIOLOGY: EPIDUROGRAPHY AND THERAPEUTIC EPIDURAL INJECTIONS-TECHNICAL CONSIDERATIONS AND EXPERIENCE WITH 5334 CASES. The Expert Reviewer also based his/her decision on the Non-MTUS Citation: AMERICAN PATIENT SAFETY FOUNDATION (APSF), HAZA

Decision rationale: The American Journal of Neuroradiology (AJNR) does endorse epidurography in conjunction with epidural steroid injections to facilitate safe delivery of

epidural steroid injections. The American Patient Safety Foundation (APSF) does tepidly endorse provision of intravenous (IV) sedation in applicants with issues of anxiety and depression. The medical records provided for review indicates that the applicant is being treated for anxiety and depression. However, the epidural steroid injection in question has been denied above. Therefore, the associated epidurogram, and the IV sedation are also not indicated and are not medically necessary.