

<b>Case Number:</b>	CM14-0006267		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Orthopedic Surgery and is licensed to practice in . 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 claimant is documented as continuing to have wrist, neck, low back, and left leg pain. The physical examination documents spasming guarding of the lumbar spine and persistent low back pain with radiculopathy. Lumbar range of motion is diminished and there is decreased sensation in the left lower extremity. The claimant is documented as having previously undergone lumbar epidural steroid injections and facet injections. The reviewer denies the repeat lumbar epidural injection on the basis that documentation is not provided indicating the claimant's response to the last injection. Additionally, the day the last injection is unknown. The reviewer denies the requested, however, epidurogram, contrast dye, fluoroscopic guidance, and IV sedation secondary to the requested intervention not being authorized. The original injury occurred in December 2004. A subsequent clinical documents from late January 2014 indicates that the claimant previously received 80% pain reduction for approximately 3 months for the last lumbar epidural steroid injection that was provided in September 2012 and receive an additional 25% pain reduction for another 3-4 months. The claimant also endorses improved function as well following this procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L5-S1:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS supports the use of lumbar epidural steroid injections when specific criteria have been met. Based on the clinical documentation that was available at the time of the review, the request was not medically necessary secondary to insufficient information and in accordance with the MTUS, the request was denied. The clinician subsequently addresses these deficits in the following clinic note at the end of January 2014. The documentation identifies that radiculopathy is present and that previous injections have given the patient the correct amount of pain relief, as stipulated in the guidelines. Given this additional information, the request is considered medically necessary.

**LUMBAR MYELOGRAPHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The use of myelography is supported by the ACOEM for utilization with MRIs and CT scans. The submitted documents support the requested epidural steroid injection, but there is no indication for further imaging study as the affected nerve root in question has already been identified. As such, the request is considered not medically necessary.

**LUMBAR EPIDUROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The submitted documents support the requested epidural steroid injection, but there is no indication for further imaging studies as the affected nerve root in question has already been identified. As such, the request is considered not medically necessary. Additionally, an epidural steroid injection utilizing contrast would consist of injecting contrast into the epidural space. This is not representative of an epidurogram which is utilized to identify cerebral spinal fluid leaks.

**CONTRAST DYE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The utilization of contrast dye while performing a lumbar epidural steroid injection is a standard part of the procedure and is supported by the use of fluoroscopy. The use of the contrast allows the clinician to provide better localization of the injection. With this, the request is considered medically necessary.

**IV SEDATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation An Audit of Transforaminal Epidural Steroid Injections Without Sedation: Low Patient Dissatisfaction and Low Vasovagal Rates. PAIN MED. 2013 JUL;14(7):994-8. DOI: 10.1111/PME.12092..

**Decision rationale:** The topic of IV sedation for epidural steroid injections is not addressed by the MTUS, ACOEM, or ODG. However, recent medical literature indicates that sedation is rarely necessary for epidural steroid injections and the lack of sedation is not associated with high patient dissatisfaction or high vasovagal rates. As such, the requested sedation is considered not medically necessary.

**FLUOROSCOPIC GUIDANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS specifically notes that fluoroscopic guidance should be used while performing a lumbar epidural steroid injection. As the requested procedure has been found to be medically necessary, the requested fluoroscopy is also necessary.