

Case Number:	CM14-0123904		
Date Assigned:	08/08/2014	Date of Injury:	01/13/2000
Decision Date:	09/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 69-year-old male who reported an injury on 01/13/2000. The mechanism of injury was not provided within this review. His prior treatments were noted to be therapy and medications. Diagnostics were noted to be x-rays. The injured worker was seen for a clinical evaluation on 02/11/2014. It was noted that he had a flare-up of low back pain. He indicated that the pain radiated into his left side and buttocks. The objective findings noted the injured worker was able to walk on his heels and toes. There was spinal flexibility. There were no neurological deficits of the lower extremities. Imaging studies noted narrowing of L3-4 and L4-5 disc spaces. There was no evidence of spondylolisthesis. His diagnosis was noted to be osteoarthritis of the lumbosacral spine. The treatment plan was for physical therapy and a back support. Medications were noted to be Vicodin. The provider's rationale for the request was not noted. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L3 - 4 and L4 - 5 with IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Epidural Injections AMA Guidelines - Radiculopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection L3-4 and L4-5 with IV sedation is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The purpose of an ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers not significant long-term functional benefit. The guidelines state radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review does not indicate a diagnosis of radiculopathy nor does it provide imaging studies to corroborate findings of radiculopathy. In addition, the provider's request failed to indicate use of fluoroscopy for guidance. Therefore, the request for a lumbar epidural steroid injection L3-4 and L4-5 with IV sedation is not medically necessary.

EKG Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EMedicine Article "Electrocardiography" <http://emedicine.medscape.com/article/1894014-overview>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back, Preoperative testing, general.

Decision rationale: The request for an EKG epidural steroid injection is not medically necessary. The Official Disability Guidelines address preoperative testing performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but are often obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker according to the documentation provided does not have clinical findings to indicate a risk factor for a cardiovascular event. Therefore, the medical necessity for an EKG prior to an epidural steroid injection is not medically necessary.