

Case Number:	CM14-0032057		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2012
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 10/25/2012. The mechanism of injury was the injured worker hurt his left knee and low back while moving boxes from a truck to a stairway. Prior therapies included physical therapy and acupuncture. Additionally, the injured worker underwent a left knee surgical procedure. The documentation indicated the injured worker had a lumbar epidural steroid injection in 02/2013 which provided 75% relief until 09/24/2013. The injured worker underwent an additional epidural steroid injection at the left L5-S1 on 10/11/2013 and had a 50% decrease in back pain but continued with radicular leg pain. The documentation of 02/06/2014 revealed the injured worker continued to have back and leg pain. Straight leg raise was mildly positive. There was subtle weakness of the extensor hallucis longus bilaterally but otherwise no focal motor deficit. The diagnoses were left L5-S1 disc protrusion and lateral recess stenosis bilaterally at L4-5. The request was made for authorization for a bilateral L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L5-S1, QTY: 1.00:
Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documented objective pain relief of at least 50% with associated medication reduction use for six to eight weeks and there is documentation of objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for transforaminal epidural steroid injection at left L5-S1 under fluoroscopic guidance and intravenous sedation is not medically necessary.

FLUOROSCOPIC GUIDANCE, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Since the primary procedure (transforaminal epidural steroid injection at left L5-S1) is not medically necessary, none of the associated services (fluoroscopic guidance) are medically necessary.

INTRAVENOUS (IV) SEDATION, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural Steroid Injection, Sedation.

Decision rationale: The California MTUS/ACOEM guidelines do not address 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 sedation during an epidural steroid injection. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. There was a lack of documentation indicating a rationale for sedation. This portion of the request would not be supported. In addition, since the primary procedure (transforaminal epidural steroid injection at left L5-S1) is not medically necessary, none of the associated services (IV sedation) are medically necessary.