

Case Number:	CM14-0076910		
Date Assigned:	07/18/2014	Date of Injury:	05/15/1989
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation 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 a 54-year-old who was injured on May 15, 1989. The mechanism of injury is unknown. Prior treatment history has included H-wave, physical therapy and home exercise program. The patient underwent L5-S1 interlaminar epidural steroid injection on April 2, 2012 and June 5, 2012 which has provided him with 80-90% pain relief for almost a year. Prior medication history included triamcinolone cream, ibuprofen, bupropion, hydrochlorothiazide. Diagnostic studies reviewed include MRI of the lumbar spine dated March 1, 2012 revealed mild-to-moderate degenerative spondylosis of the lower lumbosacral spine results in mild canal narrowing at L4-5; moderate left foraminal narrowing at L4-5 with mild to moderate foraminal narrowing on the right at L4-L5 and bilaterally at L5-S1. Progress report dated April 10, 2014 states the patient complained of low back pain with right lower extremity radicular symptoms. He reported ibuprofen has been helpful in relieving his pain. He described his pain as constant and aching in the low back area, right greater than left. He also has associated burning and aching type pain into his right buttocks and down the back of his leg. He rated his pain as a 9/10 on VAS without medications and 6/10 with medications. On exam, the lumbar spine revealed 5-/5 strength in the right lower extremity. His sensation is diminished on L5-S1. Sciatic notches were painful to palpation and SI joints tender. Patrick's sign and Gaenslen's maneuver were positive on the right and negative on the left. There is tenderness to palpation over the paraspinals with muscle spasm and myofascial restrictions. He has increased pain with flexion and extension. Straight leg raise is positive on the right and negative on the left. Impression is back sprain, neck sprain, neuralgia, neuritis, and radiculitis, lumbar facet joint pain, lumbar radiculitis; intervertebral disc disorder with myelopathy and lumbar degenerative disk disease. The treatment plan included LESI with fluoroscopic guidance as he has received 80 to 90% relief in the past. Prior utilization review dated May 6, 2014 states the request for

Lumbar Epidural Steroid Injections (ESI) with Fluoroscopic Guidance and Conscious Sedation is denied based on the evidence presented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections (LESI) with fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workman's Compensation (TWC): Online Edition, Chapter: Pain, Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Epidural steroid injections.

Decision rationale: It is claimed that prior LESI injections in April and June of 2012 provided almost one year of benefit. However, the medical records provided do not include any objective documentation as to support that the patient obtained clinically significant reduction in pain, improved function and reduction in medication use as result of prior epidural injections. In addition, per the guideline, radiculopathy must be documented and due to HNP, not spinal stenosis, which is the case of this patient. Furthermore, the medical records fail to establish the patient has to respond to non-invasive conservative care, such as including exercise/HEP, physical methods, and muscle relaxants. Lastly, the guidelines do not recommendation for sedation for the injection procedure. There is no evidence of significant/severe anxiety condition for which sedation during LESI would be reasonably necessary. There is no evidence to support sedation is medically necessary for the performance of epidural steroid injection. The medical necessity of the request is not established. Therefore, the request for Lumbar epidural steroid injections (ESI) with fluoroscopic guidance and conscious sedation is not medically necessary or appropriate.