

Case Number:	CM14-0015642		
Date Assigned:	03/03/2014	Date of Injury:	03/02/2010
Decision Date:	01/19/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/07/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 60-year-old male who reported injury on 03/02/2010. The diagnoses were noted to include low back pain. The mechanism of injury was not provided. The prior therapies were noted to include physical therapy and ice. The injured worker underwent an MRI of the lumbar spine on 03/14/2011 which revealed at L4-5, there was a 4 mm posterior central disc protrusion indenting the thecal sac with mild left and right foramina encroachment. At L5-S1 there was severe narrowing and desiccation with a 3 to 4 mm posterior central left and right lateral encroachment. The documentation indicated the injured worker had an ankle fracture previously. The documentation of 01/16/2014 revealed the injured worker had severe back radiating to the left ankle. The physical examination revealed decreased plantar and dorsiflexion at 4/5, decreased. The injured worker had decreased eversion and inversion of 3/5. There was mild edema. The injured worker had a positive lumbar facet tenderness with decreased range of motion on extension. The injured worker had a positive straight leg raise test at 60 degrees sitting and laying. The treatment plan included a left L4-5 and L5-S1 transforaminal steroid epidural injection. Additionally, the request was made for IV sedation. The injured worker's medications included naproxen 500 mg 1 tablet twice a day, Norco 5/325 mg 1 tablet every 6 hours, and Prilosec delayed release capsules 20 mg 1 daily. The original date of request was 12/19/2013. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5, L5-S1 transforaminal epidural steroid injection with anesthesia: 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 Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injection

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostics and/or imaging findings. There should be documentation of a failure of conservative care including exercise, physical therapy, medications, including NSAIDs and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of radicular findings upon imaging or diagnostic studies and there was a lack of documentation of a failure of conservative care. The California MTUS/ ACOEM Guidelines do not specifically address sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation is recommended for injured workers with anxiety. There was a lack of documentation indicating a necessity for anesthesia. Given the above, and the lack of documentation, the request for Left L4-L5, L5-S1 transforaminal epidural steroid injection with anesthesia is not medically necessary.