MAXIMUS Federal Services

Case Number:	CM14-0124323		
Date Assigned:	08/08/2014	Date of Injury:	11/13/2002
Decision Date:	07/16/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of November 13, 2002. In a Utilization Review report dated June 20, 2014, the claims administrator partially approved requests for an epidural steroid injection at L4-L5 and L5-S1 with associated fluoroscopic guidance as an epidural steroid injection at L4-L5 without IV sedation. The claims administrator also apparently denied a derivative request for an epidurogram. The claims administrator referenced a June 17, 2014 RFA form and associated progress note of the same date in its determination. The claims administrator stated that an earlier epidural steroid injection of August 12, 2013 was reportedly successful and went on to approve the epidural injection component of the request while denying the ancillary request for epidurography and sedation. The applicant's attorney subsequently appealed. In a highly templated appeal letter dated August 12, 2014, the attending provider maintained that the applicant had received multiple epidural steroid injections, including on July 22, 2014, reportedly with some success. The attending provider posited that the applicant had an electro- diagnostically confirmed radiculopathy. The attending provider stated that he was intent on performing conscious sedation during the procedure to make the applicant comfortable. Overall commentary was sparse. The attending provider did state in some sections of the appeal letter that the applicant was having severe pain complaints. There was no specific mention of the applicant is having issues with anxiety on the appeal letter. In a July 29, 2014 progress note, the applicant denied anxiety, depression, hallucination, suicidal thoughts in the psychiatric review of systems section of the note. The applicant's medications included BuTrans,

Lidoderm patches, topical Medrox, Relafen, Medrol, Norflex, allopurinol, hydrochlorothiazide, Lopressor, and Prilosec, it was reported. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On July 22, 2014, the applicant did receive epidural steroid injection therapy at L4-L5 with associated sedation and fluoroscopy. In an earlier note dated July 17, 2014, the applicant again stated that previous injections had proven successful in attenuating her pain complaints. Once again, the applicant denied issues with anxiety, depression, hallucinations, or suicidal thoughts in the review of systems section of the note. Permanent work restrictions were renewed while the attending provider reiterated his request for epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Epidural steroid injections (ESIs).

Decision rationale: No, the request for IV sedation was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of sedation administration during epidural steroid injection therapy. However, ODG's Chronic Pain Chapter Epidural Steroid Injections topic notes that the routine usage of sedation during epidural steroid injection therapy is "not recommended" except for applicants with anxiety. Here, the applicant, however, explicitly denied issues with anxiety on multiple progress notes, referenced above, on or surrounding the date of the procedure. Usage of IV sedation was not, thus, indicated in conjunction with the epidural steroid injection in question. Therefore, the request was not medically necessary.

Lumbar Epidurogram: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.apicareonline.com/?p=2133Citation.

Decision rationale: Conversely, the request for a lumbar epidurogram was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The updated ACOEM Guidelines and ODG Guidelines likewise do not address the topic. However, a review article on epidurography in 2009 notes that epidurography offers the "best method" of confirming needle placement during an epidural steroid injection. It appears, thus, that the attending provider sought authorization for epidurography as a means of confirming needle placement during the epidural steroid injection in question. The request, thus, was indicated, given the fact that the epidural itself was approved and given the favorable review article position on the article at issue. Therefore, the request was medically necessary.