

<b>Case Number:</b>	CM14-0161658		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 37 year old female, who sustained an industrial injury on 3/12/2009, from continuous trauma. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain, and lumbar radiculopathy. Treatment to date has included diagnostics and medications. On 8/18/2014, the injured worker complained of neck pain, rated 9/10, with radiation to the bilateral upper extremities and associated with numbness. Bilateral shoulder pain was rated 9/10, bilateral wrist pain was rated 9/10, and low back pain was rated 9/10, with radiation down the bilateral lower extremities and associated with numbness. Exam of the lumbar spine noted tenderness and spasm upon palpation and decreased range of motion. Medication use included Tramadol and Prilosec. The treatment plan included left sided L4-5 epidural steroid injection under fluoroscopy and intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Epidural Steroid Injection at L4-5 under Fluoroscopy and IV Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) Low Back Section, Epidural Steroid Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, left L4-L5 epidural steroid injection under fluoroscopy and IV sedation are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's relevant working diagnoses are lumbar sprain/strain; and lumbar radiculopathy. Subjectively, according to an August 18, 2014 progress note, the injured worker has complaints of neck, bilateral shoulder and wrist and low back pain. The VAS pain scale is 9/10 without medications and 8/10 in medications. Subjectively, pain radiates from the back down the bilateral lower extremities. Objectively, there is tenderness to palpation and spasm with decreased range of motion. There is no objective documentation of radiculopathy. Additionally, routine use of sedation is not recommended except for patients with anxiety. IV sedation is relatively nonspecific, however, sedation may result in the inability of the patient to experience the expected pain and paresthesia associated with mild irritation and, as a result, routine use is not recommended. Consequently, absent clinical documentation with objective evidence of radiculopathy and guidelines on recommendations for routine use of IV sedation, left L4-L5 epidural steroid injection under fluoroscopy and IV sedation are not medically necessary.