

Case Number:	CM14-0189950		
Date Assigned:	11/21/2014	Date of Injury:	04/08/2012
Decision Date:	01/12/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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 in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 8, 2012. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection with associated monitored anesthesia care and epidurography on the grounds that the claims administrator did not believe the applicant had any corroborating evidence of radiculopathy. The claims administrator stated that its decision was based on an RFA form received on October 6, 2014. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant reported persistent complaints of low back pain, reportedly worsening over time. The applicant stated that he also had worsening numbness and tingling about the lower extremities, although he stated that the worse pain he had was between the spine and shoulder blade. The applicant exhibited positive straight leg raising on exam. Flexeril, Naprosyn, and manipulative therapy were endorsed. Permanent work restrictions previously imposed by a medical-legal evaluator were also extended. It did not appear that the applicant was working with said limitations in place. On September 17, 2014, the applicant reported persistent complaints of low back and neck pain. The applicant's low back pain was radiating to the bilateral legs. The applicant's past medical history was not contributory. The applicant was on Naprosyn, Prilosec, and Norco. Straight leg raising about the lower extremities was positive with some hyposensorium about the left thigh and 5/5 lower extremity strength were appreciated. An epidural steroid injection at L4-L5 was sought in conjunction with IV sedation. The applicant apparently had some issues with anxiety, the requesting provider posited. In an earlier progress note dated March 12, 2014, the applicant stated that he was interested in pursuing epidural steroid injection therapy as it was the only thing that he had not

tried to date. The attending provider noted that MRI imaging and electrodiagnostic testing had been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that a maximum of two diagnostic blocks can be performed, however. Here, the request in question does represent a first-time block. The applicant has not had any prior epidural steroid injections over the course of the claim, the requesting provider has suggested. A trial epidural steroid injection at the level in question could play a potentially diagnostic (and therapeutic) role. Moving forward with a diagnostic block is indicated, given the seeming failure of physical therapy, manipulative therapy, medications, time, observation, other conservative treatments, etc. Therefore, the request for a first-time epidural steroid injection is medically necessary.

Monitored Anesthesia Care: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation ODG Chronic Pain, Epidural Steroid Injections

Decision rationale: This is a derivative or companion request, one which accompanied the primary request for an epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically address the topic of monitored anesthesia care/sedation during an epidural steroid injection. As noted in ODG's Chronic Pain Chapter Epidural Steroid Injections topic, there is no firm recommendation for or against usage of sedation during an epidural steroid injection. ODG notes, however, that the routine usage of sedation/monitored anesthesia care (MAC) is not recommended except for applicants with anxiety. In this case, the applicant has anxiety, the requesting provider has posited, which was manifest during a previous surgical procedures. Providing monitored anesthesia care

(MAC)/sedation is, thus, indicated in the clinical context present here. Therefore, the request is medically necessary.

Epidurography: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Journal of Neuroradiology (AJNR), Epidurography and Therapeutic Epidural Steroid Injections: Technical Considerations and Experience with 5334 cases, April 19, 1999.

Decision rationale: As with the request for monitored anesthesia care (MAC), this is a derivative or companion request, one which accompanied the primary request for an epidural steroid injection. The MTUS does not address the topic. The American Journal of Neuroradiology notes that epidurography can be performed safely on an outpatient basis in conjunction with epidural steroid injections and is associated with an exceedingly low frequency of untoward sequelae. AJNR's position on epidurography, thus, is favorable. Since the primary request for an epidural steroid injection was deemed medically necessary, the derivative or companion request is likewise medically necessary.