MAXIMUS Federal Services

Case Number:	CM14-0193310		
Date Assigned:	12/01/2014	Date of Injury:	03/25/2014
Decision Date:	01/27/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

56 y/o female injured worker with date of injury 3/25/14 with related low back pain. Per progress report dated 10/2/14, the injured worker complained of constant pain in the low back that was characterized as stabbing, sharp, and burning. There was radiation of pain into the right leg with numbness, weakness, and paresthesias. Per physical exam, there was palpable paravertebral muscle tenderness on the right with paralumbar spasm 2+. There was diminished right and left resisted rotation, positive straight leg raise on the right, and decreased sensation to touch on the right. MRI of the lumbar spine dated 5/28/14 revealed multilevel disc height loss and disc desiccation with posterior annular fissure at L4-L5 which contributes to pain; mild spinal canal stenosis; moderate right L4-L5 and mild left L3-L4 through L5-S1 neural foraminal narrowing. Treatment to date has included physical therapy, epidural steroid injection, and medication management.The date of UR decision was 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: Injections should be performed using fluoroscopy (live x-ray) for guidance.However, as the requested epidural injection is not medically necessary, the request is not medically necessary.

Lumbar Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support"series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The documentation submitted for review indicates that the injured worker was previously treated with lumbar epidural steroid injection; however there was no documentation of pain relief or associated reduction in medication use, or the duration of relief if any. Medical necessity cannot be affirmed.

Monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less 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. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine.The documentation submitted for review does not indicate that the injured worker suffers from anxiety. As the requested epidural injection was not necessary, the request is not medically necessary.