MAXIMUS Federal Services

Case Number:	CM14-0201043		
Date Assigned:	12/11/2014	Date of Injury:	09/09/2013
Decision Date:	01/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 9, 2013.In a utilization review report dated December 11, 2014, the claims administrator denied a request for an epidural steroid injection with associated epidurogram, fluoroscopic guidance, and IV sedation. The claims administrator referenced a December 4, 2014 appeal letter in its determination. The claims administrator stated that it was upholding a previous utilization review denial on the grounds that the attending provider had failed to provide any new information. The claims administrator did not state whether or not the applicant had or not had prior epidural steroid injection therapy.The applicant's attorney subsequently appealed.In said December 2, 2014 appeal letter, the attending provider sought authorization for the proposed epidural steroid injection with associated epidurogram and IV sedation. The applicant, per the attending provider, reported persistent complaints of low back pain radiating to the left knee. The applicant had undergone earlier right knee surgery, it was further noted. 8/10 pain complaints were reported. The applicant exhibited positive straight leg raising on the right with some evidence of slight right lower extremity weakness. The attending provider alluded to earlier negative electrodiagnostic testing on November 13, 2013 and also alluded to a lumbar MRI imaging of November 14, 2013 demonstrating degenerative changes, disc bulging, and nerve root impingement with moderately severe right-sided neural foraminal narrowing at the L5 level. The attending provider posited that the applicant had never had an epidural steroid injection in the past. The attending provider went onto concurrently pursue a request for Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, Lumbar Epidurogram, Fluoroscopic Guidance, and IV Sedation: 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 American Journal of Neuroradiology (AJNR) Epidurography and Therapeutic Injections and Official Disability Guidelines (ODG) Epidural Steroid Injections.

Decision rationale: The proposed lumbar epidural steroid injection with associated fluoroscopic guidance, epidurogram, and IV sedation is medically necessary, medically appropriate, and indicated here.As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the attending provider has established that the applicant has ongoing low back pain with associated lower extremity radicular complaints. The attending provider has established the presence of an earlier lumbar MRI of November 14, 2013 demonstrating a disc protrusion and degenerative disc changes generating associated L5 nerve root impingement and associated moderately severe right-sided neural foraminal narrowing. Moving forward with a first-time epidural steroid injection is, thus, indicated here, particularly in light of the fact that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks.Since the primary request for an epidural steroid injection would be medically necessary, the derivative or companion requests for fluoroscopic guidance, IV sedation, and an epidurogram are likewise medically necessary. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that all epidural steroid injections should be performed under fluoroscopic guidance. The MTUS does not address the topic of epidurography. However, the American Journal of Neuroradiology notes that epidurography in conjunction with epidural steroid injection therapy is associated with an exceedingly low frequency of untoward sequelae and provides for safe and accurate therapeutic injections. The MTUS does not address the topic of sedation during ESIs. ODG's Chronic Pain Chapter Epidural Steroid Injections Topic notes that there is no evidence-based literature to make a firm recommendation on sedation during an epidural steroid injection. Thus, the ODG, AJNR, and MTUS positions on sedation, epidurography, and fluoroscopic range from tepid-to-favorable and are indicated, given the fact that the primary request for an epidural steroid injection was deemed medically necessary.For all the stated reasons, then, the request is medically necessary.