

Case Number:	CM14-0206091		
Date Assigned:	12/18/2014	Date of Injury:	08/09/2011
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 53-year-old woman who sustained a work-related injury on August 9, 2011. Subsequently, she developed chronic low back, hips, and knee pain. The patient tried physical therapy modalities, anti-inflammatory medications, muscle relaxants, and chiropractic treatments for more than 12 weeks in the past. These therapies failed to help relieve the pain. The lumbar CT dated September 13, 2011 showed L3-4, L4-5, and L5-S1 degenerative sclerotic endplate changes and degenerative spondylosis deformans. According to a progress report dated September 29, 2014, the patient reported intractable low back pain and bilateral hip pain, right worse than left. Pain was sharp, shooting, stabbing, and burning. Pain level was 8/10. Pain was associated with stiffness and muscle spasms of the lower extremities as well as weakness, numbness, and tingling sensation in the right leg. On examination, the lumbar spine was tender from L3 to L5 level, bilaterally. Pain in the lumbar spine worsens on extension, side bending, and rotation of the spine. Range of motion was very limited. Sciatic notch tenderness was negative bilaterally. Straight leg raising test was positive on the right on 45 degrees elevation. Deep tendon reflexes were +1 at the knee level and at the Achilles tendon level. There was weakness in the right lower extremity in L4-5 myotomes. The patient was diagnosed with lumbosacral neuritis, right lumbar radiculopathy, lumbar spondylosis, lumbar degenerative disease, lumbar sprain, and lumbosacral sciatic syndrome. A psychological evaluation dated April 30, 2014 documented she also had anxiety, depression, and post traumatic stress disorder. Right L3-S1 radiofrequency ablation with monitored anesthesia care occurred on January 14, 2014. Right L4-5 and L5-S1 transforaminal epidural steroid injections with monitored anesthesia care were performed on October 21, 2014. A review on October 24, 2013 approved a right L4-5 epidural steroid injection. A review on December 9, 2013 approved bilateral lumbar

radiofrequency ablation. The provider requested authorization for retrospective moderate sedation (completed during ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for moderate sedation (completed during epidural steroid injection) (DOS: 10/21/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Epidural steroid injections (ESIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections, diagnostic <http://www.odg-twc.com/>.

Decision rationale: According to MTUS guidelines, epidural steroid injection < Recommended as indicated below. Diagnostic epidural steroid Transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below; 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. ODG guidelines do not recommend moderate sedation during epidural injection. In addition to safety concern, sedation may mask the ability of the patient to report radicular pain. Therefore the request is not medically necessary.