

Case Number:	CM14-0208559		
Date Assigned:	12/22/2014	Date of Injury:	07/23/2014
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of July 23, 2014. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for an epidural steroid injection with associated Epidurogram, Fluoroscopic Guidance, and IV sedation. The claims administrator contended there was not clear or compelling evidence of radiculopathy here. Progress notes of December 25, 2014 and November 24, 2014 were referenced. It was not clearly stated whether the applicant had or not had prior epidural steroid injection therapy. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated November 17, 2014 was notable for broad-based disk bulges at L3-L4 and L4-L5 generating associated central canal stenosis, neural foraminal stenosis, and neural foraminal narrowing. In a progress note dated November 24, 2014, the applicant reported persistent complaints of low back pain, exacerbated by lifting, bending, and squatting. Some numbness was noted about the right leg. The applicant was still smoking. The applicant was off of work, it was acknowledged. Normal lower extremity muscle tone was noted with an antalgic gait evident. Epidural steroid injection therapy, an Epidurogram, Fluoroscopic Guidance, and IV sedation were endorsed. The attending provider stated that this was a first-time request. The request was framed as a trial injection. A rather proscriptive 10-pound lifting limitation was endorsed, which was effectively resulting in the applicant's removal from the workplace.

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 & IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46. Decision based on Non-MTUS Citation American Journal of Neuroradiology and the Official Disability Guidelines (ODG); Chronic Pain Chapter Epidural Steroid Injection topic.

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 radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, there is at least incomplete corroboration of radiculopathy at two levels, with disk protrusions and associated neural foraminal narrowing evident at the L3-L4 and L4-L5 levels. The request in question, furthermore, represents a first-time epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend up to two diagnostic epidural blocks. Moving forward with a trial epidural injection is, thus, indicated here, given the failure of conservative treatments. The derivative or companion request for an Epidurogram, Fluoroscopic Guidance, and IV sedation are likewise indicated, since the primary request for an epidural steroid injection has been deemed medically necessary. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that Epidural Steroid Injections should be performed under fluoroscopic guidance. The MTUS does not address the topic of IV sedation. However, ODG's Chronic Pain Chapter Epidural Steroid Injection topic notes that there is no evidence with which to make a firm recommendation as to whether or not to employ sedation during an ESI. Thus, ODG's position on sedation is at least tepid. Similarly, the MTUS does not address the topic of epidurography. However, the American Journal of Neuroradiology notes that epidurography in conjunction with Epidural Steroid Injections provides safe and accurate therapeutic injections. Thus, for all of the stated reasons, the proposed epidural steroid injection, Epidurogram, Fluoroscopic Guidance, and IV sedation are medically necessary.