

Case Number:	CM15-0000853		
Date Assigned:	01/12/2015	Date of Injury:	07/23/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37-year-old represented [REDACTED] 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 20, 2014, the claims administrator failed to approve a request for lumbar epidural steroid injection with associated epidurogram, fluoroscopic guidance, and IV sedation. The claims administrator referenced an office visit of November 24, 2014 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated December 9, 2014, the attending provider noted that the applicant had ongoing complaints of low back pain. The attending provider stated that he believed the applicant did have an L3-L4 and L4-L5 radiculopathy. The attending provider referenced a lumbar MRI on November 15, 2014, demonstrating a broad-based disc bulge with mild facet arthrosis at the L3-L4 level and a disc bulge and facet arthrosis at the L4-L5 level demonstrating at least moderate neuroforaminal stenosis, left greater than right. The applicant was off of work, the attending provider acknowledged. The applicant exhibited positive right-sided leg raising and was reportedly overweight. Trace weakness about the right EHL musculature. The attending provider stated that the applicant did have radiographic evidence of radiculopathy. The attending provider went on to reiterate the request for lumbar epidural steroid injection, with associated epidurogram, fluoroscopic guidance, and IV sedation. The attending provider stated that he was seeking sedation to relax the applicant during the procedure. In a progress note dated November 24, 2014, it was reiterated that the applicant was off of work. The applicant was smoking actively. A

rather proscriptive 10-pound lifting limitation was endorsed. The applicant was not working with said limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection.

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

Decision rationale: Yes, the proposed lumbar epidural steroid injection was medically necessary, medically appropriate, and indicated here. 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 MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic blocks. Here, the request in question represents a first time request for epidural steroid injection therapy. The applicant, moreover, does have some admittedly incomplete radiographic corroboration and/or evidence of radiculopathy at the levels in question. Moving forward, the first time epidural steroid injection, thus, was indicated. Therefore, the request was medically necessary.

IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Epidurals Steroid Injections topic

Decision rationale: Finally, the request for IV sedation was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of sedation during epidural steroid injections. While ODG Chronic Pain Chapter Epidural Steroid Injections Topic notes that there is no evidence-based literature to make a firm recommendation as to sedation during an epidurals steroid injection, ODG notes that unnecessary usage of sedation was less than ideal. ODG further notes that routine usage is not recommended except for applicants with anxiety. Here, the attending provider did not document the presence of any active symptoms of anxiety, claustrophobia, etc., which would compel provision of IV sedation during the proposed epidural steroid injection. Therefore, the request is not medically necessary.

Lumbar epidurogram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injection.

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: Pain Management, Second Edition, by Steven Waldman, MD, JD, Chapter 16: Epidurography: Epidurography is Indicated in Any Instance in Which Correct Needle Positioning Within The Epidural Space is Desired.

Decision rationale: The MTUS does not address the topic. However, the Textbook Pain Management, Second Edition notes in Chapter 16 that epidurography is indicated in any instance in which correct needle positioning within an epidural space is desired. Thus, Textbook Pain Management effectively supports the proposition that epidurography is a standard practice in applicants undergoing epidural steroid injection therapy. Since the primary request for epidural injection was deemed medically necessary, the derivative or companioning request for a lumbar epidurogram is likewise medically necessary.

Fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Similarly, the request for fluoroscopic guidance is likewise medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, all epidural steroid injections should be performed using fluoroscopy for guidance purposes. Here, the primary request for an epidural steroid injection was deemed medically necessary, above, in question #1. Therefore, the derivative or companion request for fluoroscopic guidance is likewise medically necessary.