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| <b>Case Number:</b>   | CM15-0008940 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 09/23/1995 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 47 year old female, who sustained an industrial injury on 9/23/2995. On 1/15/15, the injured worker submitted an application for IMR for review of Sedation Concordant with Examination and CT scan. The treating provider has reported the injured worker complains of low back pain with right lower extremity pain and weakness accompanied by numbness to the foot which is getting worse. Also complains of headache and nausea on last visit being unable to keep down medication. The injured worker also notes she was unable to have lumbar MRI done due to recent illness. Deconditioning reported due to morbid obesity with high dose chronic opioids therapy; failed recent taper. The diagnoses have included L4-5 Neural foraminal central stenosis with radicular pain; morbid obesity, failed back syndrome with intractable low back pain. Treatment to date has included prior drug pump removed due to non-functioning, CT Lumbar Spine. On 12/29/14 Utilization Review non-certified Sedation Concordant with Examination and CT scan. The MTUS: Chronic Pain Treatment Guidelines (7/18/09) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sedation Concordant with Examination and CT Scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** In this case the request is for sedation for epidural steroid injection concordant with examination and CT scan of the lumbar spine. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case documentation in the medical record does not support the diagnosis of radicular pain and there is no corroborative evidence of nerve root impingement on imaging studies. Criteria for epidural steroid injections have not been met. Sedation is therefore not medically necessary. The request should not be authorized.