

<b>Case Number:</b>	CM15-0103391		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 34-year-old male who sustained an industrial injury on 09/06/2012. He reported a slip and fall in which he twisted his back. The injured worker was diagnosed as having chronic low back pain; lumbosacral spondylosis without arthropathy; lumbar radiculopathy with radicular symptoms of lower limbs; and myalgia and myositis-unspecified. Treatment to date has included oral medications and six sessions of physical therapy, and eight sessions of chiropractic therapy. On 03/30/2015, the worker had a right transforaminal epidural steroid injection under IV sedation at the right L4-L5. Per the 04/29/2015 provider notes, the worker states the lumbar steroid injection on 03/30/2015 significantly improved his pain, but the pain returned, and although not as painful as before, it is still prevalent. Currently (05/06/2015), the injured worker is seen in follow up for his low back pain. According to the provider note the pain radiates from the low back to the outer aspects of both legs. MRI of the low back showed disc protrusion, central annula tear, and degenerative changes. On examination he has no joint stiffness, he has a normal gait, and mild tenderness over the lower lumbar spine and paravertebral muscles. Forward flexion is about 50% of normal. He has mild tenderness circumferentially about the right ankle. Reflexes in the lower extremities are 2+ in the knees, and 1+ in the ankles. A request for authorization was made for a repeat Lumbar epidural steroid injection L4-5 under IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidural steroid injection L4-5 under IV sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant sustained a work-related injury in September 2012 and continues to be treated for radiating low back pain. When seen, there had been pain relief from an epidural steroid injection the month before. His pain was returning and he wanted to try another injection. There was decreased lumbar spine range of motion with positive straight leg raising. He was continuing to work with restrictions. Guidelines recommend that at the time of initial use of an epidural steroid injection (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. There should be an interval of at least one to two weeks between injections. In this case, there was pain relief after the first injection 4 weeks before. The requested second epidural steroid injection meets the applicable criteria. However IV sedation is also being requested. In general, patients should be relaxed during this procedure. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement which could have adverse results. In this case there is no documentation of a medically necessary reason for IV anesthesia during the procedure performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. There is no indication for the use of IV anesthesia and therefore this request is not medically necessary.