

Case Number:	CM15-0105754		
Date Assigned:	06/10/2015	Date of Injury:	05/08/2013
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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 is a 58 year old, female who sustained a work related injury on 5/8/13. The diagnoses have included lumbar spine disc herniation and radiculopathy. Treatments have included medications, physical therapy and chiropractic treatments. In the PR-2 dated 4/13/15, the injured worker is evaluated for use of anesthesia during a lumbar epidural steroid injection. She continues to have stiffness and spasm of the lower lumbar spine. She has a positive left straight leg raise. She has radicular pain in the left leg. The treatment plan includes a request for sedation anesthesia to be used during lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation 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 injury and May 2013 and continues to be treated for low back pain with left lower extremity radiating symptoms. When seen, there was a positive left straight leg raise. She had abnormal left lower extremity sensation. An MRI of the lumbar spine in 2014 is referenced as showing a left lateralized L5-S1 disc herniation and electrodiagnostic testing as showing findings of left-sided lumbar radiculopathy. Authorization for an epidural injection with monitored anesthesia was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs with abnormal left lower extremity sensation and imaging and electrodiagnostic testing has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria for the epidural steroid injection are met. However, MAC (monitored anesthesia care) anesthesia is also being requested for the procedure. There is no indication for the use of MAC anesthesia and therefore as submitted, this request is not medically necessary.