

Case Number:	CM15-0105780		
Date Assigned:	06/10/2015	Date of Injury:	09/29/2003
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
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: California
 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 67 year old male, who sustained an industrial injury on 09/29/2003. The injured worker is currently retired. The injured worker is currently diagnosed as having chronic pain, lumbar degenerative intervertebral disc disease, lumbago, and thoracic/lumbosacral radiculitis. Treatment and diagnostics to date has included lumbar epidural steroid injection with greater than 80% improvement in pain and function and medications. In a progress note dated 05/06/2015, the injured worker presented with complaints of lumbar and lower extremity pain. Objective findings include antalgic gait and positive left straight leg raise test. The treating physician reported requesting authorization for lumbar epidural steroid injection with anesthesia and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, Left L3-L4 and L4-L5 with MAC (Monitored Anesthesia Care): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested Lumbar Epidural Steroid Injection, Left L3-L4 and L4-L5 with MAC (Monitored Anesthesia Care), is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has complaints of lumbar and lower extremity pain. Objective findings include antalgic gait and positive left straight leg raise test. The treating physician has documented that lumbar epidural steroid injection with greater than 80% improvement in pain and function and medications. The treating physician has documented criteria of percentage relief from previous epidural injections and current positive exam findings indicative of radicular pain and radiculopathy. The criteria noted above having been met, Lumbar Epidural Steroid Injection, Left L3-L4 and L4-L5 with MAC (Monitored Anesthesia Care) is medically necessary.

Medical Clearance: History & Physical, EKG (electrocardiogram) and Labs: Overturned

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 - Preoperative testing, Preoperative electrocardiography (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: The requested Medical Clearance: History & Physical, EKG (electrocardiogram) and Labs, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 and Official Disability Guidelines are silent regarding this request. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> noted "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures. c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture. d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has complaints of lumbar and lower extremity pain. Objective findings include antalgic gait and positive left straight leg raise test. The treating physician has documented that lumbar epidural steroid injection with greater than 80%

improvement in pain and function and medications. The treating physician has documented criteria of percentage relief from previous epidural injections and current positive exam findings indicative of radicular pain and radiculopathy and subsequently the medical necessity for pre-op clearance. The criteria noted above having been met, Medical Clearance: History & Physical, EKG (electrocardiogram) and Labs is medically necessary.