

Case Number:	CM15-0106995		
Date Assigned:	06/11/2015	Date of Injury:	09/20/2014
Decision Date:	07/13/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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 24 year old male, who sustained an industrial injury on 09/20/2014. He has reported injury to the mid and low back. The diagnoses have included thoracic spine strain; thoracic back pain; lumbar disc displacement; right S1 radiculopathy; and right patellofemoral syndrome. Treatment to date has included medications, diagnostics, lumbar support, and physical therapy. Medications have included Ibuprofen, Gabapentin, and Flexeril. A progress report from the treating physician, dated 04/22/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of bilateral low back pain radiating to the right buttock and right posterior thigh, and bilateral thoracic back pain; pain is rated as 4/10 on the visual analog scale; and he has had physical therapy and reports it was no help. Objective findings included tenderness upon palpation of the lumbar paraspinal muscles; lumbar ranges of motion are restricted by pain in all directions; lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally; straight leg raise test was positive on the right; and the MRI, dated 10/02/2014, demonstrated right paracentral L5-S1 disc extrusion with cephalad migration posteriorly displacing right S1 nerve root. The treatment plan has included the request for lumbar spine fluoroscopically guided transforaminal epidural steroid injection to right L5-S1 selective nerve root block with use of moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine fluoroscopically guided transforaminal epidural steroid injection to right L5-S1 with right S1 selective nerve root block with use of moderate sedation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page 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 in September 2014 and is being treated for low back pain radiating into the right lower extremity. When seen, pain was rated at 4/10. Physical examination included positive right straight raising with decreased right lower extremity strength. An MRI of the lumbar spine included findings of a right lateralized L5-S1 disc extrusion affecting the S1 nerve root. 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 decreased lower extremity strength with positive straight leg raising and imaging confirms the presence of radiculopathy. In this case, however, moderate sedation is also being requested for the procedure. 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 monitored 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 moderate sedation and therefore this request is not medically necessary.