

Case Number:	CM15-0107888		
Date Assigned:	06/12/2015	Date of Injury:	06/06/2011
Decision Date:	07/24/2015	UR Denial Date:	05/04/2015
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:

This 39-year-old man sustained an industrial injury on 6/6/2011 after being involved in a motor vehicle accident. Evaluations include cervical spine MRI dated 10/31/2014 and left shoulder MRI dated 3/27/2012. Diagnoses include cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment has included oral medications, psychiatric treatment, and surgical intervention. Physician notes dated 4/21/2015 show complaints of continued neck pain after a cervical epidural steroid injection, low back pain, and left shoulder pain. Recommendations include Trazadone, Cymbalta, Gabapentin, Ketamine, Buprenorphine, Ibuprofen, Seroquel, left transforaminal epidural steroid injection, lumbar epidurogram, physical therapy, left shoulder cortisone injection, continue psychiatric care, stop Morphine, start Buprenorphine, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal LESI at L4-5 and L5-S1 with lumbar epidurogram, contrast dye, IV sedation, fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections 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-related injury in June 2011 and continues to be treated for chronic pain including chronic radiating left lower extremity pain. An MRI in March 2012 included findings of multilevel spondylosis with left lateralization at L4/5. When seen, there was decreased left lower extremity strength and sensation. Review of systems was positive for anxiety and depression. He received psychiatric treatments and has an established diagnosis of major depressive disorder and PTSD. A lumbar transforaminal epidural steroid injection was requesting including the use of IV sedation. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and sensation and imaging is reported as showing left lateralized foraminal stenosis. However, IV anesthesia 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 IV anesthesia and this request is not medically necessary.