

Case Number:	CM15-0108502		
Date Assigned:	06/15/2015	Date of Injury:	09/12/2014
Decision Date:	07/23/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 42 year old female, who sustained an industrial injury on 9/12/14. He reported a low back injury. The injured worker was diagnosed as having cervical spine myoligamentous sprain/strain, lumbar spine myoligamentous sprain/strain, lumbar disc protrusion L5-S1, left SI radiculopathy, left shoulder strain, right thumb sprain and rule out secondary stress, anxiety and depression. Treatment to date has included oral medication including Tramadol, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 12/9/14 revealed pre-sacral mass and L4-5 mild bilateral foraminal narrowing with bulging disc and mild degenerative changes of facet joints. Currently, the injured worker complains of low back pain with radiation to left lower extremity with paresthasias. She is currently on total temporary disability. Physical exam noted tenderness in the cervical paravertebral muscles and upper trapezius region with limited range of motion in cervical area due to pain and tenderness in lumbar paravertebral muscles with slight spasm of lumbar paravertebral muscles. The treatment plan included prescription for Norco, two lumbar epidural steroid injections under monitored anesthesia and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injections x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Epidural Steroid Injections.

Decision rationale: This is a review for the requested lumbar spine epidural steroid injection x 2. According to MTUS guidelines epidural steroid injections are an option for the short term treatment of low back pain with radiculopathy. There is documented evidence of findings consistent with a left sided radiculopathy. Current recommendations are for no more than two total epidural steroid injections. Repeated blocks, however, should be based on objective documented improvement in pain and function. After one block is performed then there needs to be documented evidence pertaining to the nature and length of success (pain/inflammation relief and restoration of range of motion) after the epidural steroid injection. MTUS guidelines state, repeated injections should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. In addition, the ODG states that there is little evidence to support a repeat injection in the presence of mono-radiculopathy even in cases of partial or no response. There is also a lack of support for a second injection if the first is not effective. It is unclear from this request which level or levels are intended for injection. Generally, no more than one interlaminar level should be injected at one session. For these reasons, the above listed issue is considered NOT medically necessary.

Left S1 level with fluoroscopic guidance and monitored anesthesia/IV sedation: Upheld

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

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 Epidural Steroid Injection and Other Medical Treatment Guidelines Position on Monitored Anesthesia Care. American Society of Anesthesiologists Website. <https://www.asahq.org/For-Members/Standards-Guidelines-and-Statements.aspx>. Approved on October 25, 2005, and last amended on October 16, 2013. The Medical Necessity of Anesthesiology Services American Society of Anesthesiologists; Position Statement <https://www.asahq.org/For-Members/Standards-Guidelines-and-Statements.aspx>. Approved on October 16, 2013.

Decision rationale: This is a review for the requested left S1 level (presumed epidural steroid injection) with fluoroscopic guidance and Monitored Anesthesia Care/IV sedation. Fluoroscopic guidance is a necessary part of the criteria for placement of epidural steroid according to the ODG. Monitored Anesthesia Care (MAC) must be deemed medically reasonable and necessary. In addition the "medical condition must be significant enough to impact the need to provide

MAC." Although this patient has some medical comorbidities, there is no medical evidence of need for MAC. There is no evidence of the patient's inability to cooperate nor is there evidence of anything in her past medical history to suggest this patient had previous difficulties with previous injections performed under local. There is no medical documentation of the need for or involvement of an anesthesiologist. MAC may be employed in cases when there is a true need based on the nature of the procedure itself, the patient's clinical condition or the possibility of conversion to a general anesthetic. The nature of this particular procedure does not involve an incision and does not require MAC. Local anesthesia is an appropriate and reasonable treatment for pain management during an epidural nerve block procedure. In this case, there is not one particular medical problem or condition that would make it necessary to employ Monitored Anesthesia Care. Therefore, the above listed issue is considered NOT medically necessary.