

Case Number:	CM15-0108970		
Date Assigned:	06/16/2015	Date of Injury:	08/15/2012
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45-year-old female, who sustained an industrial injury on 8/15/12. The injured worker has complaints of low back pain and vertigo. The diagnoses have included back pain, lumbar, chronic; headache; contusion of back and post-concussion syndrome. Treatment to date has included injections; speech/cognitive therapy; continuous positive airway pressure machine; magnetic resonance imaging (MRI) of the brain showed no subdural hematoma identified, but there were scattered foci of T-2 signal intensity in the cerebral white matter, a non-specific finding; transcutaneous electrical nerve stimulation unit; physical therapy and Norco. The request was for lumbar epidural steroid injection at L4-L5 with fluoroscopy under monitored sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 with fluoroscopy under monitored sedation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4 - L5 with fluoroscopy under monitored sedation is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the SI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses according to a June 18, 2015 progress note are spinal stenosis lumbar region without neurogenic claudication; displacement lumbar intervertebral disc without myelopathy; degeneration lumbar or lumbosacral intervertebral disc; back pain lumbar chronic; disturbance skin sensation; headache; contusion back; post concussion syndrome; morbid obesity; and obstructive sleep apnea. The request for authorization is dated May 14, 2015. The request for authorization was initiated by a pain management provider [REDACTED]. There is no documentation in the medical record by this pain management provider. A pain management appeal dated June 18, 2015 (one-month post request for authorization) by a [REDACTED] is in the medical record. There is no subjective evidence of anxiety documented in the medical record. There is no neurologic evaluation indicating objective evidence of radiculopathy. The guidelines indicate radiculopathy must be documented by physical examination. Additionally, routine use of sedation is not recommended. In the presence of anxiety, sedation may be indicated. There is no documentation of anxiety in the medical record. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthetic care, and administration of medication and provision of postoperative care. There is no clinical rationale for monitored anesthesia in the medical record. Consequently, absent clinical documentation with objective evidence of radiculopathy and a clinical indication and rationale for monitored anesthesia/sedation, one lumbar epidural steroid injection at L4 - L5 with fluoroscopy under monitored sedation is not medically necessary.