

Case Number:	CM15-0130354		
Date Assigned:	07/21/2015	Date of Injury:	10/06/2011
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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 58 year old female with an industrial injury dated 10/06/2011. On 05/18/2015 the injured worker phoned to say she had been experiencing severe low back, right buttock and right leg pain for 24 hours. She states the pain management specialist is unable to help her as the injections he has given her have not helped. The injured worker had epidurals in the past "which do not help either." Progress note dated 05/19/2015 documentation notes the injured worker did not go to the emergency room on 05/18/2015 because pain settled down with Ultram and rest. She was complaining of feeling worse with right lower extremity pain and was going to the emergency room. She fell off the commode and was taken by ambulance to the emergency department where she received an injection for pain, crutches and a prescription for Norco. Progress note dated 05/20/2015 documents the injured worker took Norco and went to sleep. When she awoke she felt better, however she was still having leg pain. The above is taken from the only records available dated prior to the UR (06/05/2015). Prior treatments and diagnoses are not documented in the above records. The treatment request for Norco 10/325 mg # 60 was authorized. The request for review is for bilateral S 1 transforaminal epidural steroid injection with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 Transforaminal epidural steroid injection with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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 (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines 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 October 2011 and continues to be treated for radiating low back pain. She underwent an L5/S1 decompression and fusion. When seen, there had been no improvement after surgery. A bilateral L5/S1 transforaminal epidural steroid injection had also not provided improvement. Pain was radiating to the calves. There was decreased and painful range of motion. Piriformis and sacroiliac joint testing was positive. There was lumbar and sacroiliac joint tenderness. A second injection at the S1 level was requested, including use of moderate sedation. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had no apparent improvement after the first injection. There is no indication for moderate sedation. The requested epidural steroid injection is not medically necessary.