MAXIMUS Federal Services

Case Number:	CM15-0136020		
Date Assigned:	07/24/2015	Date of Injury:	09/08/2003
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 60-year-old male who sustained an industrial injury on 9/8/2003 resulting in low back pain. Diagnoses related to this injury include status post multiple laminectomy syndrome; status post fusion with subsequent development of right L4-5 radiculopathy and chronic S1 radiculopathy; left foot pain neuroma versus referred radicular; and, failed back surgery. Treatment has included laminectomy and global fusion, which did not provide lasting relief. He also received bilateral transforaminal epidural injections and epidural steroid injections with report of temporary relief. Other treatments including acupuncture, aquatic therapy, chiropractic treatments, massage, physical therapy, decompression with traction, and medication did not provide lasting symptom relief. The injured worker continues to report severe back pain with radiation to the left foot, and spasms. The treating physician's plan of care includes epidural steroid injections including epidurography and conscious sedation. He is presently on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. Epidurography is outlining of the epidural space that is visualized when contrast is injected into the epidural space. This is part of epidural steroid injection and is not considered a separate procedure. Providers at times document epidurography for additional billing, but when a needle placed in the epidural space, and epidurography is achieved from injection of contrast, proper needle placement is merely confirmed prior to injection of the steroid. None of the guidelines quoted above discuss epidurography as an additional procedure to ESI. The request is not medically necessary.

Conscious 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), Sedation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid Injections.

Decision rationale: Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. The documentation submitted for review does not indicate that the injured worker suffers from anxiety. Absent such evidence, medical necessity cannot be affirmed.