

Case Number:	CM15-0139042		
Date Assigned:	07/29/2015	Date of Injury:	06/17/2014
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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

Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 6/17/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc disease and lumbar radiculopathy. Nerve conduction study (NCS)/electromyography (EMG) of the bilateral lower extremities showed lumbar 5 nerve root irritation. Lumbar magnetic resonance imaging showed lumbar disc degeneration and desiccation. Treatment to date has included therapy and medication management. In a progress note dated 6/9/2015, the injured worker complains of low back pain radiating down both legs, left worse than right. Physical examination showed 5/5 motor strength in the bilateral lower extremities and decreased sensation in the bilateral lumbar 4 dermatomes. The treating physician is requesting lumbar 4-5 epidural steroid injection with intravenous sedation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections (ESIs), Lumbar L4-L5, with IV sedation, as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back & Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Epidural steroid injection.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. According to ODG, epidural steroid injections may be supported if the injured worker has been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs). The medical records do not establish failure of conservative management. In addition, as noted in ODG, 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. Routine use is not recommended except for patients with anxiety. The medical records do not establish evidence of anxiety to support the request for sedation. The request for Epidural steroid injections (ESIs), Lumbar L4- L5, with IV sedation, as an outpatient is not medically necessary and appropriate.