

Case Number:	CM15-0140642		
Date Assigned:	07/30/2015	Date of Injury:	06/25/1998
Decision Date:	08/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 68 year old female who sustained an industrial injury on 6.25.98. The mechanism of injury was unclear. She currently had flared low back pain, significant left groin pain, pain into her knee and down the back of her leg. Medications were Norco, Dilaudid, Effexor, and Celebrex. Diagnoses include status post L4-5, L5-S1 fusion with lumbar laminectomy, spinal stenosis, segmental instability above and below the fusion; degenerative disc disease; spinal stenosis. Treatments to date include epidural injection with great results (per 7.1.15 note); medications. Diagnostics include MRI of the lumbar spine (6.6.05) showing L4-5 and L5-S1 laminectomy and fusion, L3-4 disc bulge with spinal stenosis. In the progress note dated 7.1.15 the treating provider's plan of care includes a request for bilateral L3 transforaminal lumbar epidural injection and left S1 epidural steroid injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 Transforaminal lumbar and left S1 epidural steroid injections with fluoroscopy and IV sedation: Upheld

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

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, bilateral L3 transforaminal lumbar epidural steroid injection and left S1 epidural steroid injection under fluoroscopy with IV sedation are 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 electrodiagnostic 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 paresthesias 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 diagnosis is status post lumbar laminectomy syndrome. The injured worker has received multiple epidural steroid injections dating back to 2008, 2010, 2011 and 2012. According to a July 1, 2015 and written progress note, the injured worker had an epidural steroid injection proximally one year ago with great results until recently. There is no percentage improvement and no time duration specified medical record. There was no documentation demonstrating objective functional improvement with prior epidural steroid injections. Additionally, sedation is not recommended for epidural steroid injections. Routine use of sedation is not recommended except for patients with anxiety. There is no clear documentation of anxiety or that treatment with sedation is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement from prior epidural steroid injections, documentation demonstrating percentage improvement and timeframe, objective evidence of radiculopathy on physical examination and evidence of anxiety necessitating intravenous sedation, bilateral L3 transforaminal lumbar epidural steroid injection and left S1 epidural steroid injection under fluoroscopy with IV sedation are not medically necessary.