

Case Number:	CM15-0142722		
Date Assigned:	08/03/2015	Date of Injury:	03/01/2010
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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 63 year old female, who sustained an industrial injury on 3-1-2010. Diagnoses have included musculoligamentous sprain-strain of the lumbar spine with degenerative disc disease, L3-4, L4-5 and L5-S1 neural foraminal stenosis with facet hypertrophy, right lower extremity sciatica and right thumb osteoarthritis. Treatment to date has included magnetic resonance imaging (MRI), lumbar epidural steroid injection, lumbar transforaminal selective nerve root block and medication. According to the progress report dated 7-2-2015, the injured worker complained of right sided low back pain and right lower extremity radicular pain. She reported being unable to walk or exercise as often as she wanted secondary to pain. Current medication included Naproxen, Neurontin and Prilosec. Physical exam revealed moderate right sided sciatic notch tenderness. Straight leg raise testing was positive. The injured worker exhibited signs and symptoms consistent with lumbar radiculopathy. It was noted that the injured worker underwent lumbar pain management procedures in September 2013 which provided her with adequate relief for approximately one year before she underwent repeat procedures in late September 2014 which provided greater than 50 percent relief of her symptoms for a period of seven to eight weeks. Her last epidural steroid injection was in January 2015, which provided approximately four months of moderate to excellent relief. Authorization was requested for right L4-5 and L5-S1 transforaminal epidural selective nerve root block under fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 transforaminal epidural selective nerve root block under fluoroscopic guidance and IV sedation: 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, Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation 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 injury in March 2010 and continues to be treated for back pain with radiating symptoms into the right lower extremity. When seen, there was decreased and painful lumbar spine range of motion. There was right sciatic notch tenderness. There were positive neural tension signs. There was decreased lower extremity strength and sensation. Prior lumbar injections are referenced. In September 2014 right-sided L3-4 and L4-5 transforaminal epidural injections were done with greater than 50% pain relief lasting for 7-8 weeks. What is described as right L5 and L5 transforaminal selective nerve root blocks in January 2015 is referenced as providing four months of moderate to excellent relief. Authorization for what is now requested as right L4-5 and L5-S1 transforaminal epidural selective nerve root blocks with fluoroscopic guidance and sedation is being requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the procedure previously performed is unclear. A selective nerve root block and transforaminal epidural injection are not the same. A selective nerve root block is a diagnostic test. A transforaminal epidural injection is intended as a therapeutic procedure. In terms of the procedure performed in January 2015, the level(s) at which the injection(s) was / were performed is unclear as is the degree of pain relief in terms of percentage. Additionally, moderate sedation is being requested and there is no indication for this. There is no documentation of a medically necessary reason for monitored anesthesia during the procedure performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. There is no indication for the use of sedation and this request is not medically necessary for this reason as well.