

Case Number:	CM15-0146595		
Date Assigned:	08/07/2015	Date of Injury:	04/05/2005
Decision Date:	09/03/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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 64-year-old female, who sustained an industrial injury on 4-05-2005. Diagnoses include cervical radiculitis, cervical disc displacement, low back pain, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included diagnostics, work restrictions, ice and heat application, and NSAIDs. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-18-2015 revealed multilevel disc protrusions with mild bilateral ligamentous thickening and facet arthropathy, and there is an incidental finding of a transverse fibrolipoma noted. Per the Primary Treating Physician's Progress Report dated 5-28-2015, the injured worker reported low back pain, and neck pain that radiates to the right shoulder. She also noted paresthesias in the right hand and numbness and weakness in the right arm. Pain level is 7 out of 10 and constant. Physical examination of the paralumbar spine revealed 2+ spasm and tenderness. Ranges of motion were restricted. Sensation to light touch was decreased on the right in the lateral thigh and in the medial calf. The plan of care included, and authorization was requested for L4-5 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar steroid injection at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and continues to be treated for right shoulder pain, radiating neck pain, and low back pain with radiating symptoms into the right lower extremity. An MRI of the lumbar spine in May 2015 had included findings of a right lateralized L4-5 disc protrusion. When seen, there was a right lumbar paraspinal muscle spasm with decreased and painful range of motion. There was decreased right lower extremity sensation with normal strength. Authorization for an epidural injection with monitored anesthesia care (MAC) was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation and imaging includes findings that correlate with the claimant's right lower extremity symptoms. The requested lumbar epidural steroid injection is medically necessary.

Monitored anesthesia care: 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 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 has a remote history of a work injury occurring in April 2005 and continues to be treated for right shoulder pain, radiating neck pain, and low back pain with radiating symptoms into the right lower extremity. An MRI of the lumbar spine in May 2015 had included findings of a right lateralized L4-5 disc protrusion. When seen, there was a right lumbar paraspinal muscle spasm with decreased and painful range of motion. There was decreased right lower extremity sensation with normal strength. Authorization for an epidural injection with monitored anesthesia care (MAC) was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation and imaging includes findings that correlate with the claimant's right lower extremity symptoms. In this case, however, sedation is also being requested for the procedure. In this case, 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 either occur due to 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 monitored anesthesia care, which is not medically necessary.

