MAXIMUS Federal Services

Case Number:	CM15-0148547		
Date Assigned:	08/11/2015	Date of Injury:	07/18/2013
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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:

This is a 57 year old female with a July 18, 2013 date of injury. A progress note dated July 16, 2015 documents subjective complaints (lower back pain radiating to the left leg; associated tingling and spasms; pain interferes with sleep and walking; pain rated at a level of 7 to 8 out of 10), objective findings (lumbar paraspinal muscle spasms and tenderness; decreased sensation over L4-S1 dermatomes; decreased plantar and Achilles deep tendon reflexes; positive straight leg raise on the left), and current diagnoses (lumbar degenerative disc disease; lumbar radiculitis). Treatments to date have included lumbar epidural steroid injection with 50% relief over four months, home exercise, medications, physical therapy, and imaging studies. The treating physician documented a plan of care that included left transforaminal epidural steroid injection at L4-L5 levels under fluoroscopy and associated anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection at L4-L5 levels under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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, left transforaminal epidural steroid injection at L4 - L5 with fluoroscopy is 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-inflammatory's 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. In this case, the injured worker's working diagnoses are lumbar DDD and lumbar radiculitis. The date of injury is July 18, 2013. Request for authorization is July 6, 2015. According to an April 3, 2015 progress note, the injured worker had a lumbar transforaminal epidural steroid injection March 6, 2015 with 40 to 50% pain relief over four months. Subjectively, the injured worker has ongoing low back pain that is "constant / intermittent." The pain scale is 4/10 with medications. The documentation indicates the injured worker's current medications included Morphine sulfate and Norco. There was no reduction in medications documented in these medications. A non-reduction in medication use brings into question the reduction in pain as a result of the transforaminal ESI. According to a July 15, 2015 progress note, subjectively the injured worker has ongoing left leg pain is constant. The documentation states 50% pain relief over four months. The documentation does not reflect whether there was a decrease in medication use for 6 to 8 weeks. Additionally, there is no documentation reflecting objective functional improvement as a result of the prior PSI. Objectively, the injured worker has spasm and tenderness to palpation from L3 - L5 with decreased sensation in the L4 - S1 dermatomes. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of the reduction in medication use (Norco and morphine sulfate) for 6 to 8 weeks post injection and no evidence of objective functional improvement, left transforaminal epidural steroid injection at L4 - L5 with fluoroscopy is not medically necessary.

Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Pursuant to the Official Disability Guidelines, anesthesia is not medically necessary. 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 diagnoses are lumbar DDD and lumbar radiculitis. The date of injury is July 18, 2013. Request for authorization is July 6, 2015. According to an April 3, 2015 progress note, the injured worker had a lumbar transforaminal epidural steroid injection March 6, 2015 with 40 to 50% pain relief over four months. Subjectively, the injured worker has ongoing low back pain that is "constant / intermittent." The pain scale is 4/10 with medications. The documentation indicates the injured worker's current medications included Morphine sulfate and Norco. There was no reduction in medications documented in these medications. A non-reduction in medication use brings into question the reduction in pain as a result of the transforaminal ESI. According to a July 15, 2015 progress note, subjectively the injured worker has ongoing left leg pain is constant. The documentation states 50% pain relief over four months. The documentation does not reflect whether there was a decrease in medication use for 6 to 8 weeks. Additionally, there is no documentation reflecting objective functional improvement as a result of the prior PSI. Objectively, the injured worker has spasm and tenderness to palpation from L3 - L5 with decreased sensation in the L4 - S1 dermatomes. Routine use is not recommended except for patients with anxiety. There is no documentation of anxiety in the medical record. There is no clinical indication or rationale for anesthesia based on the clinical facts in the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, anesthesia is not medically necessary.