

Case Number:	CM15-0149228		
Date Assigned:	08/12/2015	Date of Injury:	06/09/2003
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old man sustained an industrial injury on 6-9-2013. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, lumbar post-laminectomy syndrome, thoracic or lumbosacral radiculitis or neuritis, cervical post-laminectomy syndrome, and spasm of muscle. Treatment has included oral medications, lumbar transforaminal injections, and spinal cord stimulator. Physician notes dated 7-6-20125 show complaints of low back and cervical spine pain with numbness and weakness. The worker states his pain level ranges from 5-9 out of 10. Recommendations include surgical consultation, lumbosacral transforaminal epidural steroid injection, Dilaudid, MS Contin, Lyrica, Flexeril, Cymbalta, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 and S1 neural foraminal steroid injection under fluoroscopic guidance using IV sedation with monitored anesthesia care by a dedicated anesthesia provider: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Left L5 and S1 neural foraminal steroid injection under fluoroscopic guidance using IV sedation with monitored anesthesia care by a dedicated anesthesia provider, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication of at least 50% pain relief with associated reduction of medication use but not for 6 to 8 weeks as well as objective functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy, within the documentation available for review. As such, the currently requested Left L5 and S1 neural foraminal steroid injection under fluoroscopic guidance using IV sedation with monitored anesthesia care by a dedicated anesthesia provider is not medically necessary.