

Case Number:	CM15-0162462		
Date Assigned:	08/28/2015	Date of Injury:	08/13/2014
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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 was a 56 year old male, who sustained an industrial injury, August 13, 2014. The injured worker was lying on the ground when ran the injured worker was run over by a forklift. The injured worker previously received the following treatments lumbar spine x-rays, random toxicology laboratory studies which were negative for any unexpected findings, Tramadol ER and lumbar spine MRI. The injured worker was diagnosed with status post multiple trauma, status post open reduction and internal fixation of the sacral fractures and pubic rami fractures, status post multiple rib fractures, T7, T8, T9 spinous processes fractures, crushed pelvis with reconstruction and hardware, fractures of the left L4 and L5 transverse processes, rotator cuff tear of the right shoulder, lumbar disc disease, severe discogenic disease L2-L3 and L3-L4 and superior lateral tear with normal EMG (electrodiagnostic studies). According to progress note of July 7, 2015, the injured worker's chief complaint was pain in the lower back. The pain was described a constant, numbing, bilateral buttocks and spreading upwards to the lower back. The physical exam noted decreased sensation in the L3 dermatome. The patellar tendon reflexes were absent. The straight leg raises were positive in the bilateral lower extremities at 40 degrees. The treatment plan included L3 epidural steroid injection with IV (intravenous) sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection with IV (intravenous) sedation at L3, quantity: 1, per 07/07/15 order: Upheld

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

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-related injury in August 2014 and sustained multiple traumatic orthopedic injuries when he was run over by a forklift. An MRI of the lumbar spine in September 2014 included findings of moderate spondylosis with mild left L3/4 foraminal narrowing. When seen, he was having low back pain with numbing affecting the buttocks and spreading upward. Physical examination findings included decreased lower extremity sensation in an L3 dermatomal distribution and positive straight leg raising. His BMI is over 37. An epidural steroid injection was requested including sedation. 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 is reported as showing spondylosis and foraminal narrowing at the affected level. An epidural steroid injection is medically necessary. However, sedation is also being requested for the procedure. A patient needs to be able to communicate during the procedure to avoid potential needle misplacement, which could have adverse results. In this case, there is no documentation of a medically necessary reason for monitored anesthesia during the procedure being requested. 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.