

<b>Case Number:</b>	CM15-0163952		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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, January 31, 2014. According to progress note of July 8, 2015, the injured worker's chief complaint was right hip, groin pain and right lower back pain with radiation of pain in the right buttocks, posterior thigh, shine and foot. The pain was described as a burning pain. The physical exam noted straight leg raises were positive on the right in a sitting position. The right sacral joint had mild tenderness with palpation and provocation. The injured worker had a limp, due to low back pain, left knee and right hip. The injured worker was diagnosed with lumbago, lumbar herniated disc, lumbar radiculopathy and muscle pain. The injured worker previously received the following treatments home exercise program, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, Norco, lumbar spine MRI on July 17, 2014, which showed L4-L5 mild central canal stenosis and mild left foraminal stenosis. The RFA (request for authorization) dated July 6, 2015; the following treatments were requested Epidural steroid injection under MAC sedation at Lumbar L4-L5, preoperative medical clearance, EKG (Electrocardiography), chest x-ray and laboratory studies. The UR (utilization review board) denied certification on July 29, 2015, of the Epidural steroid injection under MAC sedation at Lumbar L4-L5, preoperative medical clearance, EKG (Electrocardiography), chest x-ray and laboratory studies. The request was not recommended as medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L4-5 lumbar Epidural steroid injection under MAC sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There was documentation that this injured worker had only had a few sessions of PT. Failure of conservative care cannot be established. Medical necessity for the requested L4-L5 ESI under anesthesia (MAC sedation) has not been established. The requested ESI is not medically necessary.

### **Pre-operative medical clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Associated service: EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated service: Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated service: Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.