

Case Number:	CM15-0182472		
Date Assigned:	09/23/2015	Date of Injury:	07/26/1991
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 72 year old female who sustained an industrial injury on 7-26-1991. A review of medical records indicated the injured worker is being treated for lumbar radiculitis, lumbar disc bulge at L3-4, L4-5, L5-S1 with stenosis and spondylolisthesis, and status post # 1 lumbar epidural steroid injection with moderate relief (almost 1 year ago). Medical record dated 8-6-2015 noted pain in the low back that radiates down the right posterolateral thigh to foot. Physical examination dated 8-6-2015 noted range of motion was restricted. There were spasms and triggers at L5. Straight leg raise was positive bilaterally at 60 degrees. Sensation was decreased in the posterior thigh in L5 distribution. Treatment has included L3-4 epidural steroid injection with 60% pain relief in the low back and 50% relief in the legs. She also takes Norco and Naprosyn. She has tried activity modification and physical therapy. MRI of the lumbar spine dated 2-4-2015 revealed L3-4 grade I spondylolisthesis with 6 mm bulge, L4-5 grade I spondylolisthesis with 5 mm bulge, L5-S1 6 mm bulge all levels with stenosis. RFA dated 8-6-2015 requested L3-4, L4-5 epidural steroid injection under fluoroscopic guidance x 1. Utilization review form dated 8-26-2015 non-certified L4-5, L3-4 lumbar epidural injection x 1 MAC (monitored) anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L3-4 Lumbar epidural injection with monitored anesthesia care (MAC): 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 American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010 Apr; 112 (4): 810-33.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for repeat LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has been stable on medications and the conservative treatment appears to be helpful. Meets criteria. 3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is documentation of appropriate improvement with prior reported LESI. Meets criteria. As per American Society of Anesthesiologist guidelines, they do not recommend routine use of anesthesia or IV medications on injections and blocks unless there is an indication. In this case, the provider has failed to document rationale for why an elderly patient with an increased risk of side effects of sedatives require monitored anesthesia care. In addition, the patient fails multiple criteria for lumbar epidural steroid injection. Therefore the lumbar epidural steroid injection is not medically necessary.