MAXIMUS Federal Services

Case Number:	CM15-0183938		
Date Assigned:	09/23/2015	Date of Injury:	02/28/2000
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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 is a 53 year old female, who sustained an industrial injury on 02-28-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left cervical radiculopathy, cervical facet arthropathy, left sacroiliac joint dysfunction, left lumbar radiculopathy, lumbar discogenic pain, lumbar degenerative disc disease, and left thoracic outlet syndrome. Medical records (03-17-2015 to 07-17-2015) indicate ongoing and increasing low back pain, bilateral lower extremity throbbing and radiating pain (left greater than right), left buttock pain, cervical pain, and bilateral upper extremity pain. Pain levels were increased from 6 out of 10 (03-17-2015) on a visual analog scale (VAS) to 8 out of 10, and aggravated by standing and walking. Alleviating factors included heat, cold, activity, rest, and lying down. Records also indicate no changes in activity levels or function. Per the treating physician's progress report (PR), the IW has permanent and stationary, but actual work status was not addressed. The physical exam, dated 07-17-2015, revealed decreased sensation in the T6 bilaterally, left parathoracic tenderness, decreased lordosis, positive straight leg raises bilaterally, tenderness over the lower lumbar facet joints, severe tenderness over the sacroiliac joints bilaterally, positive Fabere's and Patrick's tests, painful and restricted range of motion in the lumbar spine, decreased sensation at the left C3 level, and decreased sensation in the lower extremities. Relevant treatments have included nerve blocks, epidural steroid injections, chiropractic treatments, spinal cord stimulator, pain pump (removed), work restrictions, and pain medications. The procedure reports and follow-up reports for previous injections were not available for review. The request for authorization (09-01-2015) shows that the following services were requested: caudal epidural steroid injection and anesthesia with x-ray fluoroscopic guidance. The original utilization review (09-03-2015) denied the request for caudal epidural steroid injection and anesthesia with x-ray fluoroscopic guidance based on the lack of documented benefit from previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: 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 rationale: The claimant has a remote history of a work injury in February 2000 and is being treated for chronic pain. In July 2015 her intrathecal drug delivery system was explanted. When seen, she was having low back pain with bilateral lower extremity throbbing and radiating pain, more on the left side. She was having cervical spine and bilateral upper extremity pain. Physical examination findings included diffuse cervical spine and severe lumbar spine tenderness. There was bilateral sacroiliac joint tenderness. Fabere and Patrick's tests were positive. There was pain with lumbar extension. There was positive left straight leg raising and decreased left lower extremity sensation with an absent left ankle reflex. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity sensation and a decreased left ankle reflex. However, there are no reported imaging or electrodiagnostic findings that support a diagnosis of left lower extremity radiculopathy. The request for a caudal epidural steroid injection is not considered medically necessary.

Anesthesia with x-ray fluoroscopic guidance: Upheld

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

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) 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 has a remote history of a work injury in February 2000 and is being treated for chronic pain. In July 2015 her intrathecal drug delivery system was explanted. When seen, she was having low back pain with bilateral lower extremity throbbing and radiating pain, more on the left side. She was having cervical spine and bilateral upper extremity pain. Physical examination findings included diffuse cervical spine and severe lumbar spine tenderness. There was bilateral sacroiliac joint tenderness. Fabere and Patrick's tests were positive. There was pain with lumbar extension. There was positive left straight leg raising and decreased left lower extremity sensation with an absent left ankle reflex. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents

decreased left lower extremity sensation and a decreased left ankle reflex. However, there are no reported imaging or electrodiagnostic findings that support a diagnosis of left lower extremity radiculopathy. The request for a caudal epidural steroid injection is not considered medically necessary and therefore, the request for anesthesia and fluoroscopic guidance during the procedure is also not medically necessary. Additionally, 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 as well.