

Case Number:	CM15-0189705		
Date Assigned:	10/01/2015	Date of Injury:	03/05/2015
Decision Date:	11/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 29 year old female, who sustained an industrial injury on 3-05-2015. The injured worker was diagnosed as having lumbar spine myoligamentous sprain-strain, lumbar disc protrusions, and lumbar radiculitis. Treatment to date has included diagnostics, physical therapy, and medications. On 8-05-2015, the injured worker complains of low back pain with radiation to the lower extremities, severe at times. It was documented that she completed 8 sessions of physical therapy for the cervical and lumbar spine. Exam of the lumbar spine noted a normal gait and slight tenderness in the lumbar paravertebral muscles. Flexion was 60 degrees, extension 5 degrees, and bilateral lateral bending to 15 degrees, all with increased low back pain. Straight leg raising was to 50 degrees bilaterally, without pain in the low back region. Lasegue, contralateral straight leg raise, Patrick's, Gaenslen's, Babinski, and ankle clonus were negative. Motor testing was 5 of 5 in the lower extremities and sensation in the lower extremities was "not impaired". Magnetic resonance imaging of the lumbar spine (7-31-2015) showed an impression of L4-L5: disc desiccation, disc height preserved, 7-8mm focal central protrusion compressing the thecal sac along with the 3-4mm underlying diffuse bulging contributing to moderate central spinal canal and mild bilateral inferior neural foraminal stenosis, and unremarkable facets. L5- S1: disc desiccation with mild decreased disc height, 4-5mm central extrusion with cephalad migration impinging on the ventral margin thecal sac resulting in mild central canal stenosis, neural foramina adequate, prominent central annular tear of superior aspect of the extruded disc, and facets unremarkable. Her work status remained total temporary disability. Per the Request for Authorization dated 8-18-2015, the treatment plan included 2

lumbar epidural corticosteroid injections under fluoroscopic guidance, with IV sedation-monitored anesthesia care in an operating room setting, non-certified by Utilization Review on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar Epidural Corticosteroid Injections under Fluoroscopic Guidance: 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 8/5/15, physical exam revealed 5/5 motor strength in the lower extremities. Sensation in the bilateral lower extremities was intact. Deep tendon reflexes were 2+ bilaterally at the knee and ankle. MRI of the lumbar spine dated 7/31/15 revealed "L4-L5: disc desiccation, disc height preserved, 7-8mm focal central protrusion compressing the thecal sac along with the 3-4mm underlying diffuse bulging contributing to moderate central spinal canal and mild bilateral inferior neural foraminal stenosis, and unremarkable facets. L5-S1: disc desiccation with mild decreased disc height, 4-5mm central extrusion with cephalad migration impinging on the ventral margin thecal sac resulting in mild central canal stenosis, neural foramina adequate, prominent central annular tear of superior aspect of the extruded disc, and facets unremarkable." Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed.

As the first criteria are not met, the request is not medically necessary. Furthermore, the requested operative level was not specified.

IV Sedation/Monitored Anesthesia Care in an Operating Room Setting: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural Steroid Injections.

Decision rationale: Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. The requested epidural steroid injection was not medically necessary. Furthermore, the documentation submitted for review does not indicate that the injured worker suffers from anxiety. The request is not medically necessary.