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| Case Number: | CM15-0198654 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 08/11/2010 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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 49 year old male who sustained an industrial injury on 8-11-10. A review of the medical records indicates he is undergoing treatment for neck pain, cervical discogenic pain, left C7 radiculopathy on electrodiagnostic studies, chronic low back pain, lumbar discogenic pain, right L4 and L5 radiculopathies, right S1 chronic radiculitis, cervical and lumbar myofascial pain, and chronic pain syndrome. Medical records (2-16-15 to 4-27-15) indicate ongoing complaints of neck and low back pain. He reports "mild" aching in the low back and right lateral leg. He rates his pain "5 out of 10" without medication and "3-4 out of 10" with medication. He reports his pain is worsened with sitting, standing, walking, and bending. Pain improves with lying down, medications, injections, and physical therapy exercises. The physical exam (4-27-15) reveals tenderness over the cervical and lumbar paraspinal muscles. His lumbar range of motion is noted to have pain, but the provider indicates that it is "improved". "Altered sensation" is noted along the lateral right leg. Straight leg raising is negative. Right lower extremity reflexes are absent. Left lower extremity reflexes are "trace". Lower extremity strength is "5 out of 5 except right hip and knee strength are 5- out of 5". His gait is noted to be "slightly antalgic". The injured worker underwent a right L4 and L5 epidural steroid injection on 9-23-14 with "90% relief for several months" (2-16-15). He underwent another right L4 and L5 epidural steroid injection on 4-14-15. The treating provider indicates "60% relief of pain" (4-27- 15). He is taking Norco for pain. The utilization review (9-23-15) includes a request for authorization of right L4-5 selective transforaminal epidural steroid injection with fluoroscopic guidance and conscious sedation. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar, L4-L5, selective transforaminal epidural steroid injection with fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for neck and low back pain. In March 2015, there had been 90% pain relief after a two level lumbar transforaminal epidural steroid injection on 09/23/14. He had received conscious sedation with previous epidural steroid injections due to perioperative anxiety. Review of systems was positive for anxiety, depression, and insomnia. A repeat injection was planned and was done on 04/14/14. Conscious sedation with Versed and Fentanyl was used. When seen in September 2015 he was having neck and low back pain and right leg pain. The report references approval of both the epidural steroid injection and use of sedation. His right leg was giving out. There was an antalgic gait with decreased right lower extremity sensation and positive straight leg raising. His body mass index is over 32. The epidural steroid injection in April had provided 60% pain relief lasting for 4 months. A repeat injection with conscious sedation was requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant had a reported 60% pain relief lasting for 4 months after the last injection. A repeat epidural steroid injection is considered medically necessary.

Conscious sedation, (for Right lumbar, L4-L5, selective transforaminal epidural steroid injection with fluoroscopic guidance): Overturned

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 rationale: The claimant sustained a work injury in August 2010 and is being treated for neck and low back pain. In March 2015, there had been 90% pain relief after a two level lumbar transforaminal epidural steroid injection on 09/23/14. He had received conscious sedation with previous epidural steroid injections due to perioperative anxiety. Review of systems was positive for anxiety, depression, and insomnia. A repeat injection was planned and was done on 04/14/14. Conscious sedation with Versed and Fentanyl was used. When seen in September 2015 he was having neck and low back pain and right leg pain. The report references approval of both

the epidural steroid injection and use of sedation. His right leg was giving out. There was an antalgic gait with decreased right lower extremity sensation and positive straight leg raising. His body mass index is over 32. The epidural steroid injection in April had provided 60% pain relief lasting for 4 months. A repeat injection with conscious sedation was requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant had a reported 60% pain relief lasting for 4 months after the last injection. Prior injections have been done with conscious sedation and the claimant has a history of anxiety and conscious sedation is referenced as having been approved previously. The requested repeat epidural steroid injection with sedation is therefore considered medically necessary.