

<b>Case Number:</b>	CM15-0201875		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 57 year old male, who sustained an industrial injury on 10-8-2013. Diagnoses include bilateral internal derangement of the knee, lumbar spine strain, lumbar radiculopathy, degenerative disc disease, and status post right knee arthroscopy. Treatments to date include activity modification, Norco 5mg and Soma 50mg, and physical therapy. On 9-22-15, he complained of severe low back pain with radiation to bilateral lower extremities and associated with numbness, tingling and burning sensations. The pain was rated 10 out of 10 VAS. The physical examination documented decreased sensation in bilateral L4 dermatome and absent patellar tendon reflexes. There was a positive straight leg raise test bilaterally and decreased lumbar range of motion. The treating diagnoses included lumbar disc disease, lumbar spine radiculopathy, and anterolisthesis at L4 and L5 with impingement of bilateral L4 nerve roots. The plan of care included bilateral L4-L5 transforaminal epidural. The appeal requested authorization for bilateral transforaminal epidural steroid injection with intravenous sedation to L4-L5 level. The Utilization Review dated 10-3-15, modified this request to allow a right side injection only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 transforaminal epidural steroid injection with IV sedation:** Overturned

**Claims Administrator 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, Back Chapter - Facet joint diagnostic block (injections) sedation.

**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 9/22/15, physical exam noted decreased sensation in bilateral L4 dermatomes and absent patellar tendon reflexes. Strength was 5/5 bilaterally in the lower extremities. MRI of the lumbar spine dated 9/19/14 revealed at L4-L5 moderate facet degenerative changes with small effusions. There is grade I anterolisthesis. Disc bulge is present. Central canal stenosis is mild. The neural foramina are minimally narrowed. Per the guidelines regarding 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. I respectfully disagree with the UR physician's assertion that the documentation only supports a right sided radiculopathy. Per the clinical findings and MRI cited above, there is evidence of a bilateral radiculopathy. Furthermore, per comprehensive evaluation dated 7/31/15, it is noted that the injured worker was experiencing psychological distress. He reported emotional and cognitive symptoms including sadness, anxiety, worry, hopelessness, frustration, irritability, agitation, crying, heightened emotional sensitivity, and decreased resiliency in coping with daily life stressors. Sedation is indicated. The request is medically necessary.