

Case Number:	CM15-0209499		
Date Assigned:	10/28/2015	Date of Injury:	02/24/2005
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 24, 2005. In a Utilization Review report dated October 9, 2015, the claims administrator approved a request for an L5-S1 lumbar epidural steroid injection while denying requests for two additional levels, lumbar epidurogram, and IV sedation. The claims administrator referenced a September 21, 2015 appeal letter and an August 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On December 10, 2015, the applicant received an L4-L5 lumbar epidural steroid injection with associated epidurography, IV sedation, and fluoroscopy. On an appeal letter dated September 21, 2015, the attending provider sought authorization for a multilevel lumbar epidural steroid injection with associated additional levels, epidurogram, fluoroscopic guidance, and IV sedation. The appeal letter was some 8 pages long. The attending provider contended that the epidurogram could assure appropriate drug delivery during the ESI. The attending provider stated that IV sedation was being employed on the grounds that the epidural steroid injection could prove painful and that the sedation was needed to keep the applicant comfortable during the procedure. The attending provider contended that sedation represented his standard practice. The attending provider contended that the previous epidural steroid injection had proven beneficial. The note was highly templated and compromised, in large part, of cited guidelines. The applicant's work status was not clearly stated. On April 22, 2015, the applicant reported ongoing complaints of low back pain. The applicant "was not currently working," the treating provider acknowledged. A permanent 10-pound lifting limitation was imposed, seemingly resulting in the claimant's removal from the workplace. Topical ketamine,

Naprosyn, Neurontin, and Protonix were endorsed. On September 9, 2015, the same, unchanged rather proscriptive 10- pound lifting limitation was again renewed. The attending provider noted that the claimant was using topical ketamine, Naprosyn, and Protonix at this point. On August 6, 2015, the applicant reported ongoing severe back pain radiating to the left leg. The applicant's psychiatric history was negative for anxiety, depression, hallucinations, or suicidal thoughts. Repeat epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Each additional level x 2: Upheld

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 request in question represented a request for repeat epidural steroid injection at multiple levels. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia with functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was reported on multiple office visits referenced above. Permanent work restrictions were renewed on August 5, 2015, seemingly resulting in the applicant's removal from the workplace. Previously epidural steroid injections failed to curtail the applicant's dependence on topical agents such as ketamine and/or oral analgesic adjuvant medications such as Naprosyn and Neurontin. A rather prescriptive 10-pound lifting limitation was renewed on August 5, 2015, seemingly unchanged from prior visits. All the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of prior epidural steroid injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that no more than two nerve root levels should be injected using transforaminal blocks. Here, the claims administrator apparently approved a one-level injection. Injections of two additional levels for a total of three-level injection, thus, were at odds at page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lumbar epidurogram x 1: Upheld

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: Similarly, the request for a lumbar epidurogram was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for an epidural steroid injection to include two additional levels, in question #1. Since that request deemed was not medically necessary, the derivative or companion request for an epidurogram was likewise not indicated. Therefore, the request was not medically necessary.

IV sedation x 1: Upheld

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

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

Decision rationale: Finally, the request for IV sedation x1 was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of IV sedation during epidural steroid injections. However, ODG's Chronic Pain Chapter epidural steroid injections topic notes that routine usage of sedation is "not recommended except for patients with anxiety." Here, the attending provider acknowledged on a progress note dated August 5, 2015, that the applicant denied any issues with "anxiety, depression, hallucinations or suicidal thoughts," effectively arguing against the need for the sedation component of the request. Therefore, the request was not medically necessary.