

Case Number:	CM15-0035660		
Date Assigned:	03/04/2015	Date of Injury:	10/22/1992
Decision Date:	04/22/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62-year-old female who sustained a work related injury on October 22, 1992, incurring low back injuries. She was diagnosed with degenerative disc disease, degeneration of the lumbosacral spine, depression and anxiety. Treatments included anti-inflammatory drugs, antidepressants, Transcutaneous Electrical Nerve Stimulation (TENS), pain medications, physical therapy, chiropractic treatments, epidural steroid injections, acupuncture, and modification of activities. Currently, the injured worker complained of continuous neck and low back pain with pain radiating into her legs. On March 9, 2015, a request for a Lumbar epidural steroid injections at L3-4 and L4-5; Each additional level times 2; Lumbar epidurogram times one; Fluoroscopic Guidance times one; and Intravenous Sedation, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at levels L3-4 and L4-5 (each additional level; times 2):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Criteria for Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The purpose of ESIs is 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 functional benefit. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery, and do not provide long-term pain relief beyond 3 months. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient has a history of prior ESIs and there is no documentation of functional improvement or reduction in pain medication use from this therapy. Medical necessity for the requested ESIs at L3-L4 and L4-L5 has not been established. The requested epidural steroid injections are not medically necessary.

Lumbar Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Criteria for Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

Decision rationale: Since the lumbar epidural steroid injections at L3-4 and L4-5 are not certified, the lumbar epidurogram is not needed because its purpose is a diagnostic radiology study. Medical necessity for the requested item is not established. The requested lumbar epidurogram is not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Criteria for Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

Decision rationale: Since the lumbar epidural steroid injections at L3-4 and L4-5 are not certified, fluoroscopic guidance is not required. Medical necessity for the requested item is not established. The requested item is not medically necessary.

IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, Criteria for Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

Decision rationale: Since the lumbar epidural steroid injections at L3-4 and L4-5 are not certified, IV sedation is not required. Medical necessity for the requested IV sedation is not established. The requested service is not medically necessary.