

Case Number:	CM15-0035688		
Date Assigned:	03/04/2015	Date of Injury:	04/09/2014
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 49-year-old male, who sustained an industrial injury on 4/9/14. He has reported pain in the lower back. The diagnoses have included lumbosacral strain and sciatica. Treatment to date has included lumbar MRI, acupuncture, lumbar epidural injections and oral medications. As of the PR2 dated 11/7/14, the injured worker reports bilateral 7/10 lower back pain that was relieved with previous epidural injection but did not last long. The treating physician requested a transforaminal epidural steroid injection at left L4 and L5 under moderate sedation. On 2/13/15 Utilization Review non-certified, a request for a transforaminal epidural steroid injection at left L4 and L5 under moderate sedation. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/13/15, the injured worker submitted an application for IMR for review of a transforaminal epidural steroid injection at left L4 and L5 under moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI), Left Lumbar L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, no steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are persistent low back pain and left leg symptoms; and minimal displacement of S1 nerve roots on L5 - S1. Subjectively, the injured worker complained of ongoing low back pain with intermittent radicular symptoms down both legs. He underwent epidural steroid injection with minimal relief and is now requesting a second injection. The levels to be retreated are L4 - L5. Objectively, there are no physical findings noted on physical examination. The criteria indicate in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation indicates the injured worker had a prior epidural steroid injection with minimal relief. The treating physician did not quantitative percentage of pain relief, document objective functional improvement, and did not documented associated reduction in pain medications. Consequently, absent clinical documentation with objective functional improvement, greater than 50% pain relief and associated reduction in pain medications, epidural steroid injections at L4-L5 are not medically necessary.

Transforaminal epidural steroid injection (ESI), Left Lumbar L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises,

physical methods, no steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are persistent low back pain and left leg symptoms; and minimal displacement of S1 nerve roots on L5 - S1. Subjectively, the injured worker complained of ongoing low back pain with intermittent radicular symptoms down both legs. He underwent epidural steroid injection with minimal relief and is now requesting a second injection. The levels to be retreated are L4 - L5. Objectively, there are no physical findings noted on physical examination. The criteria indicate in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation indicates the injured worker had a prior epidural steroid injection with minimal relief. The treating physician did not quantitative the percentage of pain relief, document objective functional improvement, and did not documented associated reduction in pain medications. Consequently, absent clinical documentation with objective functional improvement, greater than 50% pain relief and associated reduction in pain medications, epidural steroid injections at L4-L5 are not medically necessary.

Moderate sedation: 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 section, Epidural steroid injections.

Decision rationale: Pursuant to the Official Disability Guidelines, moderate sedation for epidural steroid injections is not medically necessary. There is no evidence-based literature to make a firm recommendation as to sedation during the ESI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are persistent low back pain and left leg symptoms; and minimal displacement of S1 nerve roots on L5 - S1. Subjectively, the injured worker complained of ongoing low back pain with intermittent radicular symptoms down both legs. He underwent epidural steroid injection with minimal relief and is now requesting a second injection. The levels are not documented. Objectively, there are no physical findings noted on

physical examination. There are no clinical indications indicating moderate sedation is clinically indicated. The guidelines state sedation is generally not necessary for an epidural steroid injection although it is not contraindicated. Consequently, absent clinical documentation with a clinical indication/rationale for sedation, moderate sedation for epidural steroid injections is not medically necessary.