

Case Number:	CM15-0045807		
Date Assigned:	03/18/2015	Date of Injury:	08/11/2010
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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
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 08/11/2010. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include neck pain, cervical discogenic pain, left C7 radiculopathy, chronic low back pain, lumbar discogenic pain, lumbar radiculopathy, and cervical and lumbar myofascial pain. Treatments to date include medication therapy, physical therapy, H-wave treatments, and epidural steroid injections. Currently, they complained increased low back and lower extremity symptoms with the epidural steroid from 9/23/14 wearing off. That epidural was documented to provide 90% relief from symptoms. On 1/19/15, the physical examination documented decreased sensation in lower right leg with positive straight leg raising test on the right. The plan of care included repeated selective epidural steroid injection to L4 and L5 with conscious sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at right L4, L5 under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46. Decision based on Non-MTUS Citation North American Spine Society (NASS) Coverage Policy Recommendations - Lumbar Epidural Injections (2014) <https://www.spine.org/Documents/PolicyPractice/CoverageRecommendations/LumbarEpiduralInjections.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series of three injections in either the diagnostic or therapeutic phase. North American Spine Society (NASS) Coverage Policy Recommendations for lumbar epidural injections (2014) indicates that local anesthesia is usually sufficient for a majority of lumbar ESIs though on occasion minimal to moderate conscious sedation is an appropriate option. If monitored anesthesia care is utilized, the need for such sedation should be clearly documented in the medical records. The primary treating physician's progress report dated 1/19/14 documented a request for conscious sedation for the requested right L4 and L5 epidural steroid injection. No justification for conscious sedation was documented. No rationale for the conscious sedation request was documented. North American Spine Society (NASS) guidelines indicate that local anesthesia is usually sufficient for a majority of lumbar ESIs. If monitored anesthesia care is utilized, the need for such sedation should be clearly documented in the medical records. Therefore, the request for conscious sedation is not supported by clinical practice guidelines. Therefore, the request for conscious sedation for the lumbar epidural steroid injection is not medically necessary.