

Case Number:	CM15-0053838		
Date Assigned:	03/27/2015	Date of Injury:	12/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 12/4/13. He reported pain in the upper back. The injured worker was diagnosed as having thoracic degenerative disc disease. Treatment to date has included thoracic MRI, thoracic epidural injection and pain medications. As of the PR2 dated 1/29/15, the injured worker reports pain in the upper back that radiates to the left shoulder. The treating physician noted left trapezius tenderness and limited range of motion due to pain. The treatment plan includes an epidural injection at T6-T7. The treating physician requested an epidurography and monitored anesthesia care due to anxiety about the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injection and Other Medical Treatment Guidelines Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases, Blake A Johnson, Kurt P. Schelhasa and Steven R. Polleia, American Journal of Neuroradiology, 1999, 20: 697-705.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. ODG states that all ESIs should be performed under fluoroscopic guidance with the use of contrast material (epidurography). In this case, the physical examination and imaging demonstrates radiculopathy and conservative measures have failed. Neither CA MTUS nor ODG address the need for anesthesia services during ESI so an alternate source was consulted which states that monitored anesthesia care is unnecessary during ESI/epidurography. Epidurography is medically indicated in this case but monitored anesthesia care is not medically indicated.

Epidurography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. ODG states that all ESIs should be performed under fluoroscopic guidance with the use of contrast material (epidurography). In this case, the physical examination and imaging demonstrates radiculopathy and conservative measures have failed. Epidurography is medically indicated.