

Case Number:	CM15-0056446		
Date Assigned:	04/01/2015	Date of Injury:	06/10/2013
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 06/10/2013. He reported that while he was lifting and moving door panels and picking up debris he pulled/strained the left side of the low back. The injured worker was diagnosed as having lumbar disc herniation with radiculopathy with the left greater than the right at lumbar four to five, lumbar disc protrusions at lumbar five to sacral one, lumbar three to four, lumbar two to three, and myofascial pain syndrome to the lumbar spine. Treatment to date has included lumbar transforaminal epidural steroid injections, magnetic resonance imaging of the lumbar spine, physical therapy, lumbar support belt, interferential transcutaneous electrical nerve stimulation unit, home exercise program, and medication regimen. In a progress note dated 11/20/2014 the treating physician reports complaints of aching, annoying, dull, soreness, and constant left sided low back pain that is rated a four on a scale of zero to ten. The treating physician requested a left lumbar transforaminal epidural steroid injections at lumbar four and lumbar three to help reduce the symptoms noting that the injured worker had a 50% benefit from a previous lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anesthesia for Blocks, prone position (DOS 12/19/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter, Sedation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Anesthesia for Blocks, prone position (DOS 12/19/2014). The requesting treating physician report dated was not found in the documents provided. A medical procedure report dated 5/23/14 (19B) states, "Patient was taken to the Operating room, placed in the prone position and monitors were applied, a careful sterile prep was performed upon the area of the injection and an appropriate drape of the lower extremities was made. Patient received intravenous sedation to desired level, please refer to Anesthetic Record." A specific type of Anesthesia was not mentioned in the current request, although the UR report dated 3/4/15 (14B) notes that the anesthesia was coded #01992. The MTUS and ACOEM guidelines do not address the current request. In this case, the IW underwent a transforaminal epidural steroid injection. The current request appears to be for the conscious sedation that was applied during the procedure. The current request is medically necessary and recommendation is for authorization.