

Case Number:	CM15-0084663		
Date Assigned:	05/06/2015	Date of Injury:	06/25/2002
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female injured worker suffered an industrial injury on 06/25/2002. The diagnoses included chronic right lumbar radiculopathy, chronic left radiculopathy, and general sensory and motor peripheral neuropathy of the bilateral lower extremities. The diagnostics included electromyographic studies/nerve conduction velocity studies and lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, medications and spinal surgery. On 3/6/2015 the treating provider reported low back pain that radiated to the lower extremities with numbness, paresthesia, weakness, ankle pain and lower thoracic pain. On exam the lumbar spine had decreased range of motion with tenderness and decreased sensations to the lower extremities. The treatment plan included L4-S1 epidural injection, MAC anesthesia and Atlas pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 epidural injection x 1 under fluoroscopic guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is medically necessary.

MAC anesthesia: 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, Epidural steroid injections.

Decision rationale: Regarding the request for MAC anesthesia, Chronic Pain Medical Treatment Guidelines do not address sedation during epidural injections. However, the Official Disability Guidelines states that there is no evidence to show it may be used routinely. Also, sedation can also result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Epidural steroid injections do not generally require monitored anesthesia care. Medical conditions that may necessitate monitored anesthesia care include increased risk for complications due to severe comorbidity, morbid obesity, documented sleep apnea, spasticity or movement disorder complicating procedure, and history of or anticipated intolerance to standard sedatives. ODG states that with MAC administered by someone other than the surgeon there should be evidence of a pre-anesthetic examination and evaluation, prescription of anesthesia care, completion of the record, and administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided. Within the documentation available for review, the records do not show a medical conditions which would require monitored anesthesia care. As such, the currently requested MAC anesthesia is not medically necessary.

Atlas pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, there is discussion regarding an interventional treatment being sought. In light of the above issues, the currently requested referral to pain management for treatment is medically necessary.