MAXIMUS Federal Services

Case Number:	CM15-0085999		
Date Assigned:	05/08/2015	Date of Injury:	02/13/2014
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old female who sustained an industrial injury on 02/13/2014. Current diagnoses include lumbar radiculopathy, axial/mechanical pain including discogenic pain and facet arthropathy as well as a soft tissue myofasciitis. Previous treatments included medication management, lumbar epidural steroid injection on 03/17/2015, chiropractic, physical therapy, and acupuncture. Previous diagnostic studies include an MRI, x-rays, and EMG/NCV study. Initial injuries included intense pain in the low back area, right hip, and right leg after slipping and falling. Report dated 04/06/2015 noted that the injured worker presented with complaints that included pain in the low back with radiation to the buttocks bilaterally, down her right leg to the foot, and down her left leg to the knee. The physician noted that since the last epidural injection given on 03/17/2015 she has had great relief with an 80% reduction in low back pain. Pain level was not included. Physical examination was positive for an antalgic gait, tenderness to palpation in the lumbar spine, painful range of motion, and positive straight leg raise on the right. The treatment plan included a request for repeat lumbar epidural steroid injections due to evidence of radicular symptoms on MRI and EMG, and positive straight leg raises. Disputed treatments include (repeat) lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Repeat) LESI with IV sedation under Fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for radiating back pain. Treatments included an epidural steroid injection on 03/17/15. When seen, there had been an 80% decrease in back pain. However, she was having ongoing low back pain. Physical examination findings included a positive right straight leg raise. She had decreased and painful lumbar spine range of motion. EMG/NCS testing had shown findings consistent with bilateral lumbar radiculopathy. An MRI of the lumbar spine showed findings of multilevel spondylosis without neural compromise. Being requested is a second epidural injection less than three weeks after the first injection was performed. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. There should be an interval of at least one to two weeks between injections. In this case, the claimant had an 80% improvement after the first injection but had ongoing leg pain. The criteria for a repeat injection are met. However, MAC (monitored anesthesia care) anesthesia is also being requested for the procedure. There is no indication for the use of MAC anesthesia and therefore this request is not medically necessary.