

Case Number:	CM15-0087249		
Date Assigned:	05/11/2015	Date of Injury:	06/24/2013
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
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 43 year old male, who sustained an industrial injury on 6/24/2013. He reported a motor vehicle accident with immediate pain to the back radiating down into the legs. Diagnoses include thoracic disc herniation with degenerative disc changes, lumbar stenosis and disc protrusion, and lumbar radiculopathy. Treatments to date include pain medications, heating packs, TENS unit and chiropractic therapy, and two epidural injections noted significant but short term relief. Currently, he complained of low and mid back pain with some radiation down the legs, left greater than right. On 4/1/15, the physical examination documented forward bending at 70 degrees with pain at the extreme and diffuse tenderness in the lower back. There was non-dermatome numbness and tingling to the feet. There was a mildly positive straight leg raise test bilaterally. The provider documented disc protrusion was noted on MRI at L4-5. The plan of care included bilateral L4 nerve blocks with sedation. The request on this appeal is for addressing bilateral L5 nerve root blocks with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 nerve root block with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral L5 nerve root block with sedation are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the SI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthasias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are L5 - S1 foraminal stenosis; disc protrusion; lumbar radiculopathy; multilevel lumbar degenerative disc disease. Subjectively, the injured worker complains of low back pain and mid back pain that radiates the lower legs. Pain has quieted down to the documentation. Objectively, there is no clinical evidence of radiculopathy. There is no neurologic examination. The documentation states there is a non-dermatomal numbness and tingling in the feet. Additionally, routine use of sedation is not recommended except for patients with anxiety. There is no documentation of anxiety in the medical record. The documentation does not state what type of sedation is clinically indicated. Consequently, absent clinical documentation with objective evidence of radiculopathy and documentation (i.e. anxiety) with a clinical indication and rationale for sedation (not typically recommended), bilateral L5 nerve root block with sedation are not medically necessary.