MAXIMUS Federal Services

Case Number:	CM15-0236601		
Date Assigned:	12/11/2015	Date of Injury:	08/09/1999
Decision Date:	01/20/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/03/2015

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 57-year-old male who sustained an industrial injury on 08-09-99. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine discopathy, bilateral carpal tunnel syndrome, cervical and lumbosacral radiculopathy, cervicalgia, lumbosacral neuritis, lumbago, lumbar disc disorder, degeneration of cervical intervertebral disc, cervical and lumbar disc displacement, and post laminectomy syndrome of the lumbar region. Medical records (11-04-15) reveal the injured worker complains of lower back neck and right shoulder pain, rated at 6-7/10. The physical exam (11-04-15) reveals paralumbar spasm is 2+ with tenderness to palpation on the right. Atrophy is present in the quadriceps. Bilateral resisted rotation is diminished. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes are absent at the knees. "Sensation to light touch is decreased on the right, hypersensitive, allodynic, in the lateral calf." Prior treatment includes neck surgery, epidural steroid injections, Toradol and B12 injections, and medications including diclofenac, trazodone, omeprazole, and Cymbalta. The treating provider reports (09-03-15) the injured worker reported 50% relief of pain for 6 days after an epidural steroid injection. The treating provider reports (10-15-15) the epidural steroid injection given during the prior month "helped for 10 days." The original utilization review (11-30-15) non certified the request for a L5 caudal steroid injection with monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 caudal steroid injection with monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation 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 has a remote history of a work injury occurring in August 1999 and continues to be treated for chronic pain including a diagnosis of post-laminectomy syndrome. An MRI of the lumbar spine in April 2014 included findings of right lateral disc protrusions at L2/3 and L3/4. He underwent a caudal epidural injection on 08/24/15 with monitored anesthesia care. Propofol was used. When seen on 11/04/15 he had a reported 50% relief lasting for more than two months after the injection with improved activities of daily living. He had chief complaint of chronic low back pain rated at 6-7/10. He was having bilateral symptoms on the right greater than left side. He was having pain radiating to the right groin, which had decreased slightly since the injection. He was having lower extremity discomfort with numbness, tingling, weakness, and heaviness. He had decreased burning sensations and spasms. He was currently taking multiple medications. Physical examination findings included paralumbar spasms with right-sided tenderness and lumbar range of motion. There was quadriceps atrophy. He had positive right straight leg raising. He had decreased right lower extremity sensation. Authorization was requested for a repeat caudal epidural injection with sedation. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. The claimant had a reported 50% improvement after the injection done in August 2015 with improved activities of daily living. He has right sided radiating pain with physical examination findings of quadriceps atrophy and weakness with positive straight leg raising. Although a two level right transforaminal epidural steroid injection and L2/3 and L3/4 would potentially be more effective, the caudal approach is commonly used after surgery. A repeat injection is indicated. However, moderate sedation is being requested. For conscious sedation prior to diagnostic or surgical intervention, Versed (midazolam) can be administered intravenously and has an onset of action that occurs about 2 minutes after the injection. The maximum effect is obtained in about 5 to 10 minutes. In this case, Propofol was used during the last injection, would be the expected medication used during the proposed procedure, and is not appropriate. The target L5 level does not correlate with either the claimant's symptoms or imaging results. For these reasons, the requested repeat epidural steroid injection cannot be accepted as being medically necessary.