

Case Number:	CM14-0114940		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2014
Decision Date:	12/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female presenting with a work-related injury on January 14, 2014. The patient was treated with medications, exercise, and acupuncture with gradual improvement. Her medications included Metro dose pack, Neurontin 300 mg, Percocet 10 - 325 mg, Robaxin, Lidoderm, calcium and. X-ray of the lumbar spine on the fifth 2014 was negative lumbar spine with minimal degenerative spurring. MRI of the lumbar spine on April 23, 2014 showed a 7 mm broad based posterior disc protrusion at L5 - S1 accentuated to the right with partial effacement of the whole right S1 nerve root, mildly possible right neural foraminal stenosis, mild to moderate facet arthropathy at L4 - L5 and L3 - 4, worst at L3 - 4, with minimal degenerative anterolisthesis at L3 - 4, minimal retrolisthesis at L2 - three, a 2 mm broad based posterior disc bulge, a 3 mm right posterior parent midline disc extrusion at L1 - 2 with minimal effacement of ventral thecal sac to the right of midline, multilevel mild degenerative disc disease, mildly the scoliosis, suspect diffuse osteopenia. On June 17, 2014 the physical exam was significant for mild discomfort, deep tendon reflexes were 1+ in the bilateral knees, and positive straight leg raise test on the right. The patient was diagnosed with lumbar radiculopathy. A request was made for lumbar epidural steroid injection for L5 - S1 under fluoroscopy with sedation times 3 and preoperative lab, Complete Blood Count (CBC), International Normalized Ratio (INR), NCR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for L5-S1, under fluoroscopy with sedation times 3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Lumbar Epidural Steroid Injection for L5-S1, under Fluoroscopy with sedation times 3 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's physical exam and imaging is consistent with radiculopathy; however, there is lack of documentation of failed conservative therapy including at least 6 weeks of physical therapy. Additionally, conscious sedation is not recommended in this case. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.

Pre-Operative Labs, Complete Blood Count (CBC), International Normalized Ratio (INR), and CR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Pain, Preoperative Testing

Decision rationale: Pre-Op Labs, CBC, INR, CR is not medically necessary with the exception of the urinalysis (UA). The claimant is not a candidate for lumbar epidural steroid injection at this time due to failing to meet ODG and MTUS guidelines. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. ODG states that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often

performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Given claimant is not approved for requested procedure, the services are not medically necessary.