

Case Number:	CM14-0129661		
Date Assigned:	08/20/2014	Date of Injury:	01/31/2004
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 75-year-old male with a 1/31/04 injury date. The mechanism of injury was not provided. In a 4/14/14 follow-up, patient complaints included moderate to severe low back pain with right lower extremity radiation, and right leg pain that goes down to the foot and has associated ankle weakness. Objective findings included restricted lumbar range of motion, and weakness in the right ankle dorsiflexor, posterior tibialis, and hip and knee extensors. In a 12/4/13 follow-up, objective findings included moderate weakness in the left L5 myotome, specifically the ankle dorsiflexor, posterior tibialis, and hip abductor. Reflexes were intact at the patella and ankle reflexes were absent bilaterally. A lumbar spine xray on 9/23/11 showed mild grade 1 anterolisthesis of L4-5. A lumbar spine x-ray on 1/24/12 showed chronic mild narrowing of the posterior aspects of disc spaces L2-3, L3-4, and L4-5. An electrodiagnostic study on 5/18/12 showed chronic right L4-5 radiculopathy with minimal denervation of the posterior rami and reinnervation in the L4 myotome. A lumbar spine MRI on 2/28/12 showed mild canal stenosis at L4-5, mild canal stenosis and bilateral foraminal narrowing at L3-4, and moderate right foraminal stenosis at L5-S1. Diagnostic impression are lumbar spinal stenosis, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment to date includes TENS unit, acupuncture, chiropractic care, physical therapy, medications. A UR decision on 7/11/14 denied the request for catheter-guided epidural steroid injection L4-5 with IV sedation on the basis that it is unclear whether this is going to be a bilateral vs. right vs. left sided injection. In addition, there is a lack of rationale that explains why IV sedation is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catheter-guided epidural steroid injection L4-5 with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The MTUS does not recommend the routine use of intravenous sedation for diagnostic and therapeutic nerve blocks, or joint injections. In the present case, the documented subjective symptoms, objective signs, and imaging findings correlate well with each other and are consistent with lumbar radiculopathy. The patient has also failed legitimate trials of conservative therapy. It is not necessary to designate laterality with respect to the injection site in this case because this is not a request for a transforaminal epidural injection. Therefore, the request epidural steroid injection appears warranted. However, the request for IV sedation is generally not recommended by CA MTUS guidelines, unless there is a specific rationale provided such as severe patient anxiety. This type of rationale or discussion is not found within the documentation; therefore, the request as a whole cannot be supported. As such, the request for Catheter-guided epidural steroid injection L4-5 with IV sedation is not medically necessary.