

Case Number:	CM14-0130393		
Date Assigned:	08/29/2014	Date of Injury:	03/07/2014
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Pain Medicine 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 65-year-old male who reported an injury on 03/07/2014. The mechanism of injury was repetitive trauma. The diagnoses included chronic lumbar pain, bilateral lower extremity radiculopathy, and myofascial strain. The previous treatments included medication, physical therapy, epidural steroid injections, acupuncture and trigger finger surgery. Within the clinical note dated 06/17/2014, it was reported the injured worker complained of pain in his low back. The injured worker reported his pain had lessened after the epidural steroid injection. He rated his pain 2/10 to 3/10 in severity. Upon examination of the lumbar spine, the provider noted the injured worker had mild tenderness to palpation. He could forward flex to 30 degrees. The provider requested the injured worker to undergo an EMG/NCV study, physical therapy, an MRI, and continue his medications. The request submitted is for a retrospective MBR anesthesia for spinal cord surgery for the lumbar spine; however, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBR Retrospective Anesthesia spine cord surgery for (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter Treatment Index, 12th Editionn (web), 2014 Pain Chapter, epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Epidural steroid Injections. Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The request for MBR Retrospective Anesthesia spine cord surgery for (lumbar spine) is not medically necessary. The Official Disability Guidelines note there is no evidence based literature to make a firm recommendation as to sedation during an epidural steroid injection. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesia associated with spinal cord irritation. The guidelines note sedation is not generally necessary for an epidural steroid injection, but is not contraindicated. The guidelines note routine use is not recommended except in patients with anxiety. There is lack of documentation indicating the injured worker has extreme anxiety warranting the medical necessity for the anesthesia of the epidural steroid injections. Therefore, the request is not medically necessary.