

Case Number:	CM14-0139576		
Date Assigned:	09/05/2014	Date of Injury:	03/03/2014
Decision Date:	10/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 Illinois. 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 51-year-old male who reported injury on 03/03/2014. The mechanism of injury was the injured worker was lifting refrigerators and deep fryers and injured his low back. The injured worker had an MRI of the lumbar spine on 04/21/2014 which showed a broad based disc protrusion at L4-5 with a small annular tear without any nerve root impingement or stenosis. The medications were not provided. The documentation of 09/03/2014 revealed the injured worker was to receive an epidural steroid injection and epidurogram, however, there was no indication for IV sedation and the recommendation was for a certification of an epidural steroid injection with epidurogram, but noncertification of IV sedation. The injured worker had complaints of left trapezius, left shoulder, and neck pain. The injured worker had spasms in the left trapezius and cervical paraspinal region. The injured worker had neck pain radiating down to his shoulders and was reproducible with flexion and extension of his neck and with rotation of his neck. The injured worker had low back pain and left leg pain in an L5 distribution. The injured worker had numbness and tingling in the lower aspect of the left leg in the L5 distribution. The request was made for IV sedation to be performed along with the authorized epidural steroid injection at L4-5 and 6 sessions of physical therapy for the lumbar spine as well as the MRI of the cervical spine. The physician documented the request was denied due to noncertification of IV sedation. The previous physical examination revealed the injured worker had decreased sensation on the left at L5 dermatomes. The straight leg raise was positive on the left. The range of motion of the cervical spine was normal in regard to flexion, but was limited in extension, lateral tilt to the right, and in rotation bilaterally. The injured worker had tenderness over the cervical paraspinal region. The discussion indicated sedation is necessary as injections such as epidural steroid injections can be traumatic and conscious sedation is necessary and reasonable. As such, the treatment plan included IV sedation with the epidural

steroid injection at L4-5, six sessions of physical therapy for the lumbar spine, and MRI of the cervical spine. There was no Request for Authorization submitted and the original date of request could not be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidurogram with IV Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Epidural Steroid Injection

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by imaging studies and/or electrodiagnostic testing. There should be documentation of a failure of conservative care including exercise, physical methods, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the patient had been approved for the epidural steroid injection and the epidurogram. However, the documentation indicated the injured worker had not been approved for IV sedation. The American College of Occupational and Environmental Medicine as well as chronic pain treatment guidelines do not specifically address IV sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation is recommended when an injured worker has documented issues of anxiety. The clinical documentation, while indicating the sedation is routinely utilized for epidural steroid injections, failed to indicate the injured worker had had anxiety. Given the above, the request for Lumbar Epidurogram With IV Sedation is not medically necessary.