MAXIMUS Federal Services

Case Number:	CM14-0140865		
Date Assigned:	09/10/2014	Date of Injury:	01/30/2003
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Orthopedic Surgery 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 claimant is a 69-year-old female with a low back injury related to a date of injury of January 30, 2003. There is a specific request in this case for an epidurogram as well as IV sedation. This is in direct relationship to a previously authorized epidural steroid injection that was to be performed under fluoroscopic guidance at the L2-3 and L3-4 level. The Utilization Review process of August 20, 2014 authorized the epidural injection as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidurogram: 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 injections Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Guidelines the request for an epidural injection in this case has already been supported. There is typically no role for an isolated epidurogram in relationship to the above procedure. The claimant has already been approved for the epidural steroid injection.. The procedure in question would not be indicated. Therefore, 1 Epidurogram is not medically necessary and appropriate.

1 IV (Intravenous) Sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure Facet injections 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines in regards to facet joint injections, it indicates that IV sedations can be given in cases of "extreme anxiety." Typically procedures in the form of fluoroscopic lumbar injections are not performed under IV sedation. There is no current documentation that extreme anxiety is present or expected in this individual or indication as to why procedure would not be able to be performed under local anesthetic alone. The request in this case would not be supported as medically necessary.