

Case Number:	CM14-0211815		
Date Assigned:	12/24/2014	Date of Injury:	09/13/1999
Decision Date:	02/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 61-year-old male who reported an injury on 09/13/1999. The mechanism of injury was not provided. He was diagnosed with chronic pain syndrome. His past treatments were noted to include cervical epidural steroid injection and medications. No diagnostic studies were provided. On 11/14/2014, the injured worker reported low back pain and lower extremity pain. Upon physical examination, he was noted to have a purposeful, steady gait and a bilateral straight leg raise lying down. His current medications were noted to include Norco 10/325 mg every 4 hours, gabapentin 300 mg every 8 hours for neuropathic pain, and lidocaine HCl 3% twice daily. The treatment plan was noted to include a request for lumbar epidural steroid injection, medications, a stretching regimen, and a followup evaluation. The rationale for the request was due to an abnormal exam. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections at L4-L5 with fluoroscopy and monitored 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 Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as a possible option for short term treatment for radicular pain to facilitate therapeutic activities and radiculopathy as documented on physical examination and corroborated by imaging and/or electrodiagnostic studies, after the failure of conservative care. Injections should use fluoroscopy for guidance. There was no documentation of failed conservative care. Additionally, it is noted the patient had a positive bilateral straight leg raise test lying down; however, there were no sensational disturbances and no motor weakness. Furthermore, there is lack of documentation that an independent evaluation of the MRI of the lumbar spine was not provided. In regards to the request for IV sedation, the Official Disability Guidelines state that routine use of sedation with epidural steroid injections is not recommended except for patients with anxiety. Clinical information submitted for review failed to clearly outline the rationale for the requested IV sedation, and there is no evidence of significant anxiety related to the procedure. Therefore, the use of sedation is still not supported. For the reasons noted above, the request for Lumbar epidural steroid injections at L4-L5 with fluoroscopy and monitored sedation is not medically necessary.