MAXIMUS Federal Services

Case Number:	CM14-0054111		
Date Assigned:	09/03/2014	Date of Injury:	10/08/2013
Decision Date:	02/05/2015	UR Denial Date:	04/06/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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 patient is a 30 year-old male who has submitted a claim for lumbar sprain, psychological pain disorder and lumbar disc displacement associated with an industrial injury date of 10/8/2013.Medical records from 2014 were reviewed. The patient complained of right-sided low back pain aggravated by prolonged sitting. Walking and standing alleviated his pain. Physical examination showed positive straight leg raise test on the right, weakness of right extensor halluces longus rated 4/5, normoreflexia, limited lumbar motion and intact sensation. The MRI of the lumbar spine, dated 3/10/2014, demonstrated a 5 mm broad-based disc protrusion at L4-L5 with moderate narrowing of right L5 lateral recess. There was abutment and displacement of the descending right L5 nerve root. There was mild to moderate narrowing of the central canal with mild bilateral foraminal stenosis. Treatment to date has included chiropractic care, physical therapy and medications. The treating physician has prescribed a lumbar epidural steroid injection at L4-5 along with associated services, including 'additional level x2'. The 'additional levels' were not defined or discussed in any detail. The request for IV sedation was to prevent anxiety and to provide overall comfort to the patient.The utilization review from 4/10/2014 denied the request for additional level x 2 because of nonspecificity of the request; and denied IV sedation without documented reasons for it. The same utilization review certified the requests for bilateral L4-L5 lumbar epidural steroid injection with an epidurogram and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional level x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection..

Decision rationale: The request is nonspecific. The treating physician did not provide information regarding which additional levels were contemplated, and the clinical examination does not support epidural steroid injections at multiple other levels. The MTUS recommends epidural steroid injection only when there is specific radicular pain with concordant physical and imaging or electrodiagnostic testing findings. Therefore, the request for 'additional level x 2' is not medically necessary.

IV Sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Committee of Origin: Pain Medicine (Approved by the ASA House of Delegate on October 22 2005 and last amended on October 20 2010)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection. Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the utilization review from 4/10/2014 certified the requests for bilateral L4-L5 lumbar epidural steroid injection with lumbar epidurogram and fluoroscopic guidance. The patient has met the guideline criteria for ESI. The request for IV sedation is to prevent anxiety and to provide overall comfort to the patient. There is a clear rationale presented for the request. Therefore, the request for IV sedation is medically necessary.