

Case Number:	CM15-0010063		
Date Assigned:	01/27/2015	Date of Injury:	04/17/2008
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old female injured worker suffered and industrial injury on 4/17/2008. The diagnoses were lumbar sprain/strain, cervical sprain/strain, and sleep disturbance and thoracic or lumbosacral neuritis/radiculitis. The diagnostics were electromyography and magnetic resonance imaging of the lumbar spine. The treatments were physical therapy, acupuncture, epidural steroid injections, lumbar laminectomy 2011 and medications. The treating provider reported the low back pain radiated to the lower extremities with lumbar tenderness and pain with extension of the low back. The Utilization Review Determination on 12/19/2014 non-certified transforaminal lumbar epidural steroid injections under fluoroscopy and anesthesia, citing MTUS Chronic pain Treatment Guidelines, epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural injection, right side L4-5, L5-S1 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47. Decision based on Non-MTUS Citation Low Back Pain

Decision rationale: Transforaminal Lumbar Epidural Steroid Injection, right side L4-5, L5-S1 under fluoroscopy and anesthesia is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. The claimant's physical exam is consistent with radiculopathy; however the previous epidural steroid injection was reported as beneficial with at least a 50% reduction in pain for 6-8 weeks. Additionally, conscious sedation is not recommended in this case. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.