

Case Number:	CM15-0012006		
Date Assigned:	01/29/2015	Date of Injury:	06/02/2005
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male who sustained an industrial injury on 06/02/2005. The current diagnoses include lumbar disc displacement, lumbar radiculopathy, and low back pain. Treatments to date include medications, prior lumbar steroid epidural injection, ice/heat. Report dated 12/11/2014 noted that the injured worker presented with complaints that included low back pain with radiation to the left leg, numbness and paresthesia, and weakness. Physical examination is noted for abnormal findings. The physician noted that the injured worker had greater than 55% relief with the prior lumbar steroid epidural injection performed on 06/23/2014. The utilization review performed on 01/20/2015 non-certified a prescription for L5-S1 lumbar steroid epidural injection, epiduography, and monitored anesthesia care based on lack of clinical evidence to support medical necessity. The reviewer referenced the California MTUS ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S 1 Lumbar Steroid Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went both up and down the back and numbness and tingling in the toes. Documented examinations described findings suspicious for radiculopathy involving the left L5 spinal nerve. This was consistent with a documented summary of findings on a prior MRI. The worker had significant relief with a prior injection, but the length of time was not reported. There were no documented examination, imaging, or electrodiagnostic findings suspicious for radiculopathy involving the right L5 nerve. The request did not specify which side was to be injected, and there was no discussion describing special circumstances that would support injecting both sides. In the absence of such evidence, the current request for an epidural steroid injection at the L5 level is not medically necessary.

Epidurography: 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 Philip F. Technology insight: Imaging of low back pain. Nat Clin Pract Rheumatol. 2006; 2(10): 554-561.

Decision rationale: Epidurography is an invasive imaging study that uses special x-rays to look at a space at the spine where the nerves come off the spinal cord. The MTUS Guidelines are silent on this issue. While there is some literature to support the use of this study in certain cases, the procedure involves some significant risks and should not be routinely used. The submitted and reviewed records indicated the worker was experiencing lower back pain that went both up and down the back and numbness and tingling in the toes. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for epidurography is not medically necessary.

Monitored anesthesia care: 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 Shapiro FE, et al. Office-based anesthesia. Topic 91909, version 1.0. UpToDate, accessed 03/21/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. There are many ways to control pain during invasive procedures, such as through medications that stay where the procedure will be done or through medications that go throughout the body while the person is deeply or partially asleep. These different forms of anesthesia require different amounts of monitoring. In addition, people who have higher risks of complications will need closer monitoring. Some risk factors include severe obesity, significant lung disease, a seizure disorder, or poorly controlled diabetes or high blood pressure. The submitted and reviewed records indicated the worker was experiencing lower back pain that went both up and down the back and numbness and tingling in the toes. There was no discussion indicating the worker had an increased risk for anesthesia or special circumstances that sufficiently supported the use of additional monitoring beyond what is routine. In the absence of such evidence, the current request for monitored anesthesia care is not medically necessary.