

<b>Case Number:</b>	CM15-0013764		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on October 16, 2013. He has reported right lower back pain and right leg pain. The diagnoses have included right lumbar spine disc herniation, lumbar stenosis, right sciatica, and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, transforaminal epidural steroid injection, back surgery, bracing, and imaging studies. A progress note dated December 30, 2014 indicates a chief complaint of continued lower back pain with intermittent right leg pain. Physical examination showed decreased range of motion of the spine secondary to pain, and no tenderness of the right leg. The treating physician requested lumbar facet injections at two levels, under fluoroscopic guidance, moderate sedation, epidurography, and prescriptions for Neurontin and Relafen. On January 22, 2015 Utilization Review certified the request for the lumbar injections at two levels, and the prescriptions for Neurontin and Relafen. Utilization Review denied the request for moderate sedation and epidurography citing the MTUS chronic pain medical treatment guidelines and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Moderate sedation QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections (ESIs), Sedation pages 719-721

**Decision rationale:** ODG Guidelines states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. 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. Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. Submitted reports have not adequately addressed or demonstrated the need for conscious sedation. The Moderate sedation QTY 1 is not medically necessary and appropriate.

**Epidurography QTY 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Diagnostic epidurography under fluoroscopic guidance is performed to assess the structure of the epidural space and is usually performed prior to the epidural steroid injections. Epidurography in conjunction with epidural steroid injections may provide for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring. Review indicated the epidural steroid injection was approved. Thereby, the Epidurography QTY 1 is medically necessary and appropriate.