

Case Number:	CM15-0016107		
Date Assigned:	02/04/2015	Date of Injury:	11/01/2007
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona

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 47-year-old male who reported an injury on 11/01/2007. The injured worker underwent an epidural steroid injection at L4-5 on 04/15/2014. The injured worker underwent an epidural steroid injection at L5-S1 on 08/05/2014. The documentation of 12/22/2014 revealed the injured worker was utilizing ibuprofen 600 mg 1 tablet 3 times a day, Flexeril 5 mg 1 tablet 3 times a day, tramadol hydrochloride 50 mg 1 tablet every 6 hours, and Vicodin 5/300 mg 1 every 6 hours as needed. The documentation indicated the injured worker had 70% relief from the prior injection on 08/05/2014 for over 2 months and continued to use his pain medications as prescribed. After the injection, the injured worker was able to decrease his opioid use by 50% for 3 months. As the injection wore off, the injured worker resumed his reliance on medications. The mechanism of injury was not provided. The physical examination revealed the sensory examination was intact and that the injured worker had spasms of the lumbar spine paraspinal muscles and increased muscle tone. The diagnoses included lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. The treatment plan included a start of cyclobenzaprine hydrochloride 5 mg 3 times a day, and a repeat injection. The request was made for a lumbar epidural steroid injection on an as needed basis every 4 months. The request was made for a repeat epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 with fluoroscopy, epidurography, IV sedation:
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 Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injection, Sedation.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections, performed under epidurography when there is documentation of at least 50% pain relief for 6 to 8 weeks, with a decrease in the pain medication for the same duration of time. There should be documentation of objective functional improvement for the same duration of 6 to 8 weeks. They do not specifically address IV sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation should be utilized only in injured workers with documented extreme anxiety. The documentation indicated the injured worker had an objective decrease in pain and an objective decrease in medications for 3 months. However, there was a lack of documentation of objective functional improvement. There was a lack of documentation indicating the injured worker had anxiety to support the use of IV sedation. Given the above, the request for lumbar epidural steroid injection L5-S1 with fluoroscopy, epidurography, IV sedation is not medically necessary.