

<b>Case Number:</b>	CM15-0112213		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 59 year old male with an industrial injury date of 10/07/2013. His diagnoses included cervical spondylosis without myelopathy, spondylosis - lumbosacral without myelopathy and lumbar disc displacement without myelopathy. Prior treatment included diagnostics and medications. He presents on 05/22/2015 for follow up of neck, lower back and bilateral upper extremity pain. He reported no changes in pain. He continued to have neck pain with radiation into his bilateral upper extremities. He rates his back pain as 7-8 on a scale of 1-10. His medications include anti-inflammatory medications, gabapentin and Naproxen. MRI of the lumbar spine showed lumbar 5-sacral 1 central stenosis with moderately severe left lateral recess and foraminal stenosis. EMG noted electro diagnostic evidence of severe ulnar mononeuropathy at the right elbow. He is on work restrictions. Treatment plan includes Nabumetone and Gabapentin, lumbar epidural steroid injection and lumbar epidurogram with fluoroscopic guidance and intravenous sedation. This request is for lumbar epidural steroid injection at lumbar 4-lumbar 5 and lumbar 5-sacral 1 and lumbar epidurogram under fluoroscopic guidance with intravenous (IV) sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at L4-L5 and L5-S1 Lumbar Epidurogram under fluoroscopic guidance with IV Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection L4 - L5 and L5 - S1, lumbar epidurogram under fluoroscopy and IV sedation is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the ESI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary 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 general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; spondylosis lumbosacral without myelopathy; and lumbar disc displacement without myelopathy. According to a May 22 2015 progress note, the injured worker has subjective complaints of low back pain with radiation to the bilateral lower extremities. EMG evaluation showed bilateral L5 - S1 radiculopathy (left greater than right). Objectively, there was decreased sensation left L5 - S1. The injured worker underwent physical therapy, chiropractic and acupuncture. The treating provider requested an epidural steroid injection under IV sedation. The guidelines do not recommend IV sedation. There is no evidence-based literature to make a firm recommendation as to sedation during the ESI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary 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. Consequently, absent guideline recommendations for IV sedation in the absence of proper documentation, lumbar epidural steroid injection L4 - L5 and L5 - S1, lumbar epidurogram under fluoroscopy and IV sedation is not medically necessary.