

Case Number:	CM15-0117932		
Date Assigned:	06/26/2015	Date of Injury:	12/19/2008
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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 57-year-old male who sustained an industrial injury on 12/19/2008. Mechanism of injury was not documented. Diagnoses include bilateral knee osteoarthritis, lumbar discogenic pain and bilateral hip pain. Treatment to date has included diagnostic studies, surgery, bilateral knee replacements, medications, and injections. On 03/31/2015, a Magnetic Resonance Imaging of the lumbar spine was done and showed multilevel degenerative disc changes from T10-11 through L5-S1, and there are minor type II endplate changes present L2-3, L3-4, and L5-S1. There are areas of inferior foraminal stenosis noted at multiple levels, mainly secondary to disk and spur impingement. There are multilevel disc herniations present. A physician progress note dated 05/19/2015 documents the injured worker has pain in his low back and buttock discomfort. He has tingling and numbness to both feet. An unofficial report of an Electromyography and Nerve Conduction Velocity study did show S1 radiculopathy. He has some hip discomfort, and he has back pain with standing and on extension. Lumbar range of motion is painful and restricted. He has an absent Achilles tendon reflex. Treatment requested is for Lumbar epidural steroid injection at L5-S1 and right selective nerve root block with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 and right selective nerve root block with sedation: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Low back section; Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections at L5-S1 and right selective nerve root block with 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, non-steroidal 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 SI. 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 lumbar radiculopathy. The date of injury is December 19, 2008. Request for authorization is May 27, 2015. According to the progress note dated May 19, 2015, subjectively injured worker complains of low back pain and bilateral hip pain. Objectively, there is tenderness to palpation lumbar spine decreased range of motion. There is no neurologic evaluation. There is no objective evidence of radiculopathy. Additionally, sedation is not indicated when performing an epidural steroid injection notwithstanding documentation of anxiety. 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. 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. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and request for sedation (during the ESI), lumbar epidural steroid injections at L5-S1 and right selective nerve root block with sedation is not medically necessary.