

Case Number:	CM15-0127658		
Date Assigned:	07/14/2015	Date of Injury:	08/16/2011
Decision Date:	09/14/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 sustained a work related injury August 16, 2011. Past history included status post left knee arthroscopic surgery, 2011. An MRI of the right knee was performed January 23, 2015, with report present in the medical record. An MRI of the lumbar spine, dated November 13, 2012 revealed L4-5 disk protrusion. According to the most recent certified physician's assistant visit report, dated February 12, 2015, the injured worker presented with ongoing lower back pain and left knee pain. There are radicular symptoms intermittent, worse left lower extremity associated with the lower back pain, are posterolateral and extend into his bilateral calf and shoot into the top of his feet. The left knee pain radiates into his medial anterior thigh as well as left calf. He has had cortisone injections with minimal benefit. Current medication included Norco and Naproxen which he reports enables him to continue working full time with decreased pain. Physical examination revealed spasm and guarding in the lumbar spine, right greater than left. Diagnoses are lumbar disc displacement without myelopathy; sciatica. At issue, is the request for authorization for a lumbar epidural steroid injection L4-L5 and L5-S1 with fluoroscopic guidance and intravenous 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 L4 to L5 and L5 to S1 with Fluoroscopic Guidance and IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10319985>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-309, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Epidural Steroid Injections.

Decision rationale: This is a review for the requested Lumbar Epidural Steroid Injection at L4-L5 and L5-S1. According to MTUS guidelines epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. This patient does have subjective (reported radicular pain) and objective evidence of radiculopathy. There are documented MRI findings consistent with a diagnosis of radiculopathy. The MTUS guidelines clearly state there must be documented evidence of radiculopathy both by physical examination and imaging studies or electrodiagnostic testing. According to the MTUS guidelines and the ODG, all epidural steroid injections should be performed using fluoroscopy (live x-ray) for guidance. Fluoroscopic guidance utilizing contrast dye is a definitive part of the criteria for epidural steroid injection. Both the MTUS guidelines and the ODG are silent on utilization of IV sedation for epidural steroid injections. A small amount of IV sedation is generally considered to be optional. Therefore, the above requested issue is considered to be medically necessary.