MAXIMUS Federal Services

Case Number:	CM15-0128967		
Date Assigned:	07/15/2015	Date of Injury:	06/27/2012
Decision Date:	08/10/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/02/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male who sustained an industrial injury on 6-27-12. Diagnoses are intervertebral disc protrusion, low back pain, lumbar facet joint pain, degenerative disc disease-lumbar and lumbar radicular pain. In a progress report dated 4-14-15, the treating physician notes complaints of low back pain. After the epidural injection done on 2-18-14, he had over 60% pain relief, numbness in the right lower extremity was getting better and he was taking less pain medications. He was taking 1-2 Norco a day after the injection and is now taking 2 Norco a day. His pain has returned and he is very interested in another injection. He continues to feel that his medications are helpful and well tolerated and allow him to remain functional. Pain is described as aching in the low back and rated at 7 out of 10 without medications and 3 out of 10 with medication. He has an antalgic gait. There is tenderness over the lumbar paraspinals and increased pain with flexion and extension. Straight leg raise is positive on the right. Bilateral lower extremity electromyography and nerve conductive velocity study showed evidence of bilateral L5 radiculitis. Work status is noted with restrictions. A urine drug screen was done 3-4-15 which was consistent with prescriptions. Prior treatment includes a Toradol injection, lumbar epidural steroid injection-2-18-14 with 60% pain relief for 2 months, Naproxen, Gabapentin, Cyclobenzaprine, Omeprazole, Norco, physical therapy, and use of the transcutaneous electrical nerve stimulator unit. The requested treatment is bilateral L5 transforaminal epidural steroid injection with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection with conscious sedation and fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Pain - Epidural steroid injections (ESIs).

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-Epidural steroid injections (ESIs).

Decision rationale: Bilateral L5 transforaminal epidural steroid injection with conscious sedation and fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The ODG states that 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 documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection or extenuating circumstances to require conscious sedation. For this reason the request for epidural steroid injection is not medically necessary.