

Case Number:	CM15-0177850		
Date Assigned:	09/18/2015	Date of Injury:	11/16/2000
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 58 year old male who sustained an industrial injury on 11-16-2000. According to a progress report dated 07-22-2015, the provider noted that the injured worker was status post lumbar epidural steroid injection on 01-22-2014 with 50% pain relief in low back and 50% relief in legs. Medication use decreased by approximately 50%. Functional ability increased 50% with increase in activity level and endurance which lasted over 3 months. Pain had now returned as previous. He reported low back pain that radiated down the left lower extremity as previous posterior lateral with numbness and tingling. Chiropractic treatments only resulted in temporary relief. Hip pain returned soon after. Pain was rated 8 on a scale of 1-10. He was having difficulty sleeping. He wished to repeat another epidural injection. Objective findings included antalgic gait favoring the left, decreased sensation at left posterolateral thigh, decreased strength left FHL, positive straight leg raise on left at 50 degrees. MRI showed L5-S1 (3 millimeter), left paracentral with neuroforaminal stenosis. Range of motion was 0 degrees with flexion, extension, right lateral and left lateral. Diagnoses included lumbar radiculopathy, lumbar disc bulge at L5-S1 and status post lumbar epidural steroid injection with moderate relief (01-22- 2014). The treatment plan included appeal left L5-S1 epidural steroid injection under fluoroscopic guidance x 1, continuation of home exercise and re-evaluate in 6 weeks. An authorization request dated 08-10-2015 was submitted for review. The requested services included left L5-S1 epidural injection x 1 with monitored anesthesia. On 08-17-2015, Utilization Review modified the request for one left L5-S1 epidural injection under MAC (monitored anesthesia care).

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L5-S1 epidural injection under MAC anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of diagnostic blocks/injections, pages 412-414.

Decision rationale: Review indicates the request for one left L5-S1 epidural injection under MAC anesthesia was modified to authorize for the LESI without MAC sedation. The patient had previous LESI with reported improvement and the epidural appears appropriate; however, ODG Guidelines states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. 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 severe anxiety, not demonstrated here in submitted reports. Guidelines recommend the least amount of sedation for the shortest duration of effect is recommended. Submitted reports have not adequately addressed or demonstrated the need for conscious sedation. The One left L5-S1 epidural injection under MAC anesthesia is not medically necessary and appropriate.