

Case Number:	CM15-0179826		
Date Assigned:	09/21/2015	Date of Injury:	11/29/2013
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 29, 2013. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection under IV sedation. The claims administrator referenced an August 11, 2015 office visit in its determination. The claims administrator contended that the applicant had received at least one prior lumbar epidural injection on June 4, 2014. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reportedly returned to regular work. Lodine and Flexeril were continued. On August 11, 2015, the attending provider returned the applicant to regular duty work. Ongoing complaints of low back, leg, arm and shoulder pain were reported. An epidural steroid injection was sought on the grounds that the applicant had reportedly responded favorably to the same in the past. The applicant was reportedly returned to work. There was no mention of the applicant's having any issues with anxiety on this date. On June 4, 2014, the applicant did receive an L5-S1 lumbar epidural steroid injection. Lumbar MRI imaging of February 26, 2014 was notable for an L4-L5 disk protrusion with associated annular fissuring without any critical stenosis evident. Electrodiagnostic testing of March 4, 2014 was suggestive of a left S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Epidural steroid injections (ESIs).

Decision rationale: No, the proposed epidural steroid injection under IV sedation was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in treatment of radicular pain, preferably that which is radiographically and/or electro diagnostically confirmed, as was seemingly the case here. The MTUS does not address the topic of performing an epidural steroid injection under IV sedation. However, ODG's Chronic Pain Chapter Epidural Steroid Injections topic notes that the routine usage of sedation during epidural steroid therapy is not recommended except for applicants with anxiety. Here, however, an August 11, 2015 office note at issue made no mention of the applicant's having any issues with anxiety present on that date. Since the IV sedation component of the request was not indicated, the entire request was not indicated, despite the applicant's seeming favorable response to a prior lumbar epidural steroid injection. Therefore, the request was not medically necessary.