

Case Number:	CM15-0023579		
Date Assigned:	08/06/2015	Date of Injury:	11/04/2013
Decision Date:	09/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 11/04/2013. He reported twisting himself while getting off of a car. The injured worker was diagnosed as having left lumbar radiculopathy, thoracic strain, lumbar strain, lumbar disc protrusions L4-5 and L5-S1, and thoracic disc protrusions T7-10. Treatment to date has included diagnostics, physical therapy, and medications. On 12/11/2014, the injured worker reported improvement after lumbar epidural injection the previous day. Exam of the lumbar spine noted tenderness to palpation over the paravertebral muscles, decreased range of motion, and straight leg raising did not demonstrate nerve irritability. There was mild weakness in the right extensor hallucis longus, tibialis anterior, and gastroc soleus. Current medication regimen was not noted. Work status was total temporary disability. The treatment plan included a second bilateral L4-5 and L5-S1 transforaminal epidural steroid injection, under fluoroscopy and with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopy with Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for low back pain including a diagnosis of lumbar radiculopathy. When seen, there had been 50% improvement after lumbar epidural steroid injections done one month before. There was ongoing left leg pain. Physical examination findings included positive straight leg raising. There was decreased lumbar range of motion and pain with extension. There was normal coordination and gait and he was able to move on and off the examination table easily. The claimant is described as having difficulty with staying still during injections. In terms of lumbar epidural steroid injections, ODG addresses diagnostic injection and recommends that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had a 50% improvement after the first injection but had ongoing radicular symptoms and positive straight leg raising. Different levels are being requested. The repeat epidural steroid injection was medically necessary. However, monitored anesthesia (MAC) is also being requested for the procedure. In general, patients should be relaxed during this procedure. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement which could have adverse results. In this case there is no documentation of a medically necessary reason for monitored anesthesia during the procedure performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. Although the requesting provider documents difficulty remaining still, there is no medical diagnoses such as a poorly controlled movement disorder that might be seen with Parkinson's disease, multiple sclerosis, or other upper motor neuron condition such as after a spinal cord injury or stroke. There are other forms of sedation available to reduce anxiety and pain during the procedure being planned. If the claimant is having difficulty holding still due to anxiety then an oral anxiolytic might be considered. If there is difficulty due to pain, then either an oral or parenteral analgesic or increased use of local anesthetic during the procedure could be considered. MAC is not indicated and this request is not medically necessary.