MAXIMUS Federal Services

Case Number:	CM15-0043110		
Date Assigned:	03/13/2015	Date of Injury:	09/12/2003
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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, 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 43 year old male, who sustained an industrial injury on 9/12/2003. Currently he reports a return of low back pain, and right lower extremity pain with numbness. The history notes a second low back claim with date of injury, 2/20/2012. The injured worker has been diagnosed with, and/or impressions were noted to include, lumbosacral spondylosis; acquired spondylolisthesis; disorders sacrum; sciatica; and psychogenic pain. Treatments to date have included consultations; magnetic resonance imaging lumbar (1/31/07 & 4/16/12); electromyogram of the lower extremities (6/9/08); x-ray lumbar spine (1/22/14); lumbar epidural steroid injection (7/15/14); lumbar facet injection therapy; intermittent chiropractic treatments (2007); physical therapy; and medication management. It was noted in the 1/29/2015 progress notes, that the injured worker had experienced falling due to leg pain and weakness, and that he received 4 months of benefit from pain, and an increase in strength, from his prior lumbar epidural steroid injection on 7/15/2014; the injured worker requested a repeat lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Transforaminal LESI at L4-5 and L5-S1 Under Fluoroscopic Guidance, IV Sedation and Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication of previous epidural injection on 7/15/14. The patient had excellent benefit and a significant reduction in leg symptoms for 4 months (great than the six weeks criteria specified by MTUS). The IV sedation was an issue of contention. The requesting physician has responded that the patient does not feel the ESI is tolerable without this option. It is standard of care for anxious patients to receive IV sedation, which should ideally be titrated to light-moderate levels. Given this, the currently requested repeat lumbar epidural steroid injection is medically necessary.

Lumbar Epidurogram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21(c), page 2 of Title 8, California Code of Regulations Page(s): 2.

Decision rationale: Regarding the request for epidurogram, this is a standard procedure with an epidural steroid injection. The CA MTUS and ODG do not specifically address this. The MTUS specifies that when a procedure is not address, evidence-based standards of care apply. An epidurogram is typically performed during an epidural through injecting contrast and using fluoroscopy to monitor for epidural spread. This is medically necessary as part of an epidural steroid injection, unless the patient has some contraindication to contrast dye. Note: it is beyond the scope of the IMR process to decide on payment for epidurography, which may be consider part of the global fee schedule of a lumbar ESI according to some insurers or claims administrators. This request is medically necessary.