

Case Number:	CM15-0062826		
Date Assigned:	04/08/2015	Date of Injury:	04/07/2014
Decision Date:	05/14/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 39 year old male, who sustained an industrial injury on 04/07/2014. According to the only report submitted for review and dated 04/08/2015, the injured worker complained of low back pain since 04/07/2014. Pain was constant, not improving and rated up to 8 on a scale of 1-10 with radiation to the left buttocks and lateral thigh with numbness and tingling. Previous treatments included MRI, medications, physical therapy, chiropractic care and acupuncture. He had diagnostic injections with 100 percent relief for 7 days, now 50 percent. Diagnoses included herniated disc lumbar, degenerative disc disease lumbar, spondylosis lumbar, lumbosacral radiculopathy and stenosis lumbar. Currently under review is the request for bilateral L5-S1 transforaminal epidural steroid injection, moderate sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain with radiation to the left buttocks and lateral thigh with numbness and tingling, rated 8/10. The request is for a BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION. There is no RFA provided and the patient's date of injury is 04/07/14. The diagnoses included herniated disc lumbar, degenerative disc disease lumbar, spondylosis lumbar, lumbosacral radiculopathy and stenosis lumbar. The patient is temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs). Page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." and in the therapeutic phase, 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. In this case, there is only one supplemental report provided for review. There are no physical examination findings or image studies provided. Utilization review dated 03/19/15, denies the request stating the patient received an ESI previously and did not report any improvements. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is a lack of documentation and the request does not meet guideline indications. Therefore the request IS NOT medically necessary.

Moderate Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Epidural Steroid Injections (ESI).

Decision rationale: The patient presents with low back pain with radiation to the left buttocks and lateral thigh with numbness and tingling, rated 8/10. The request is for MODERATE SEDATION. There is no RFA provided and the patient's date of injury is 04/07/14. The diagnoses included herniated disc lumbar, degenerative disc disease lumbar, spondylosis lumbar, lumbosacral radiculopathy and stenosis lumbar. The patient is temporarily totally disabled. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESs)', state "sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided." There is only one supplemental report provided for review. In this case, even if the epidural steroid injection was indicated, the injection does not require anesthesia. There is no guidelines support for anesthesia for this type of procedure. The request IS NOT medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Fluoroscopy (for ESI's).

Decision rationale: The patient presents with low back pain with radiation to the left buttocks and lateral thigh with numbness and tingling, rated 8/10. The request is for FLUOROSCOPY. There is no RFA provided and the patient's date of injury is 04/07/14. The diagnoses included herniated disc lumbar, degenerative disc disease lumbar, spondylosis lumbar, lumbosacral radiculopathy and stenosis lumbar. The patient is temporarily totally disabled. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy (for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." There is only one supplemental report provided for review. The treater is requesting for a lumbar epidural steroid injection. The requested procedure is not medically necessary and use of Fluoroscope would not be indicated. The request IS NOT medically necessary.