

Case Number:	CM15-0066812		
Date Assigned:	04/14/2015	Date of Injury:	05/08/2013
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/08/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 58 year old female who sustained an industrial injury on 05/08/2013. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic testing, activity modification, transcutaneous electrical nerve stimulation (TEN's) unit, steroid injections, chiropractic therapy, physical therapy and medications. According to the treating physician's progress report on March 5, 2015, the injured worker continues to experience low back pain with intermittent radiation down the posterior lateral area of the left lower extremity and left groin. Pain was noted at a 7/10 with a minimum of 2/10 and the worst at 9/10. Medications have offered little relief. Examination of the lumbar spine demonstrated decreased range of motion, tenderness to palpation over the lumbar intervertebral spaces and the lumbar facet bilaterally at L3-S1 with positive straight leg raise on the left. The bilateral sacroiliac joint revealed pain on the right and no left sided pain. There were no palpable trigger points. Motor strength and sensation were intact. Current medications noted were Ibuprofen and hydrocodone. Treatment plan consists of the current request for an interlaminar epidural steroid injection (ESI) to bilateral L5-S1-S1 with fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection bilateral L5-S1 with the use of fluoroscopy and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-disability duration guidelines low back, lumbar and thoracic (acute and chronic), low back chapter-ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter: Epidural Steroid Injections.

Decision rationale: Interlamina Epidural Steroidal Injection bilateral L5-S1 with the use of Fluoroscopy and Monitored Anesthesia is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, 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. The claimant's physical exam and MRI is consistent with radiculopathy in the distribution of the epidural treatment level; however, anesthesia is not recommended with epidural steroid injection as it takes away the patient's protective defenses and there is lack of documentation of extreme anxiety. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.