

Case Number:	CM15-0075183		
Date Assigned:	04/27/2015	Date of Injury:	11/26/2014
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on November 26, 2014. He has reported back pain, hip pain, and leg weakness. Diagnoses have included lumbar spine intervertebral disc displacement with radiculopathy. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated February 27, 2015 indicates a chief complaint of lower back pain radiating to the left hip and leg, with left leg weakness. Physical examination of the low back spine revealed positive SLR, limited range of motion, muscle weakness, normal sensation and reflexes. The treating physician documented a plan of care that included epidural steroid injection with interventional anesthesia, and a neurology consultation. The patient has had MRI of the low back that revealed disc bulge and stenosis; X-ray hip revealed degenerative changes. The medication list include Meloxicam, tramadol and Nortryptiline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Request: Interventional anesthesia The Official Journal of the Anesthesia Patient Safety Foundation- 2011, volume 26 No 1 Avoiding Catastrophic Complications from Epidural Steroid Injections by Stephen E. Abram, MD, and Quinn H. Hogan, MD⁴. Avoid deep sedation. This is a request for interventional anesthesia during an epidural steroid injection. Per the cited reference, "Avoid sedation. The deeply sedated patient may become agitated and may move unexpectedly. Also, paresthesias may alert us to the fact that we have contacted the cord. There are many anecdotal accounts of patients who have had intense paresthesias and/or motor responses to contact of a needle with the spinal cord, as well as a number of cases in which general anesthesia or moderate to deep sedation appeared to block such responses. ⁴, the vigilance of an awake patient offers at least some added safety." The rationale for the use of anesthesia during a epidural steroid injection was not specified in the records provided. The medical necessity of the request for Interventional anesthesia is not fully established for this patient.

Neurology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Neurology consultation MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." He has reported back pain, hip pain, and leg weakness. Diagnoses have included lumbar spine intervertebral disc displacement with radiculopathy. A progress note dated February 27, 2015 indicates a chief complaint of lower back pain radiating to the left hip and leg, with left leg weakness. Physical examination of the low back spine revealed positive SLR, limited range of motion, muscle weakness. The patient has had MRI of the low back that revealed disc bulge and stenosis; X-ray hip revealed degenerative changes. This is a complex case. A referral for a Neurology consultation is deemed medically appropriate and necessary.