

Case Number:	CM14-0140140		
Date Assigned:	09/08/2014	Date of Injury:	12/09/2010
Decision Date:	10/06/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58 year old employee with date of injury of 12/9/2010. Medical records indicate the patient is undergoing treatment for s/p right hand surgery (date unknown). She has been diagnosed with costochondritis, straining injury, anterior chest; lumbar spine strain; bilateral trochanteric bursitis of the hips; right internal derangement/DJD/possible osteonecrosis of the knee; left internal derangement/DJD/ possible osteonecrosis of the knee; right elbow medial epicondylitis and cubital tunnel; contusion straining injury, right wrist, right ankle; fibromyalgia; DJD and DDD of the lumbar spine with bulging at L2-3 and L3-4. Subjective complaints include intermittent pain in the low back which radiates to right hip and leg. Her back pain is worse in the morning and coming up from a bent position. She has constant bilateral knee pain both which buckle and pop. The pain worsens with stairs, standing from a seated position and becomes more aggravated throughout the day. Overall, the pain is worse on the right. Pain in her right wrist is intermittent but worsens if she pushes down on something. She has a loss of grip strength and weakness. Her hand throbs. She has trouble dressing, bathing, doing housework, driving and sleeping through the night. Objective findings include tenderness to palpation in the lower paravertebral muscles with mild limitation of range of motion in the thoracic spine. In the lumbar spine, there is tenderness to palpation in the upper, mid and lower paravertebral musculature. The ROM is flexion to 20 degrees, 20 right lateral bending, 20 left lateral bending, 20 right and left lateral rotation and 20 to extension. There is increased pain with lumbar extension. Straight leg raise and rectus femoris stretch sign are negative. She has a tingling and a "freezing feeling" in her right hand. She has numbness and a "freezing feeling" in her feet. On the right, she has complete extension, flexion 120 of right knee. She has pain at medial joint line, lateral joint line, above the patella, medial patella and lateral patella. On the left knee palpation 1+/4+ tenderness medial joint line, lateral joint line above the medial and lateral patella. She

walks with an antalgic gait due to pain in her knees. She uses a walker. Treatment has consisted of Tramadol, Percocet, Ambien, Lidoderm patches and PT. She had to postpone the remainder of her PT appointments due to back pain. The utilization review determination was rendered on 8/29/2014 recommending non-certification of Lumbar Epidural Injection with Fluoroscopy and Under Anesthesia, Level Unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection with Fluoroscopy and Under Anesthesia, Level Unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs)

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. ODG states concerning ESIs and sedation "Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. 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. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not

recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. (Trentman 2008) (Kim 2007) (Cuccuzzella 2006) While sedation is not recommended for facet injections (especially with opioids) because it may alter the anesthetic diagnostic response, 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."

The treating physician has not provided documentation of a trial and failures of conservative treatments, the number of nerve root levels to be injected, location of the injection, and MRI results to support the request for Lumbar epidural steroid injections. In addition, the treating physician did not provide evidence of a pre-anesthetic exam and prescription for anesthesia care. As such, the request for Lumbar Epidural Injection with Fluoroscopy and Under Anesthesia, Level Unspecified is not medically necessary.