MAXIMUS Federal Services

Case Number:	CM13-0013462		
Date Assigned:	09/26/2013	Date of Injury:	08/12/2005
Decision Date:	10/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 53-year-old male with an 8/12/05 date of injury. The patient underwent L4-S1 fusion (the date was not provided). The patient underwent caudal epidural injection on 5/7/13 with benefit and his medication intake decreased by 50 %. It was noted that the pain relief lasted 4 months after the injection. The patient was seen on 7/3/13 with complaints of persistent and worsening back pain localized in the middle back, lower back and gluteal area. The pain was described as aching, burning, deep, discomforting, numbing, sharp and was radiating into the ankles, calves, thighs and right foot. The symptoms were aggravated by rolling over in bed, sitting, sneezing and twisting and were alleviated by injection and pain medications. Exam findings of the lumbar spine revealed tenderness to palpation over paraspinal muscles and left buttock and SI joint; positive Patrick's test on the left and positive straight leg raising test on the left. The range of motion in the lumbar spine was decreased due to pain and the patient's gait was antalgic and he used a cane. The patient was not able to heel and toe walk due to pain. The strength in the bilateral lower extremities was normal except the strength in the left knee, left ankle and foot where the strength was decreased. The sensory was decreased in the left L5 distribution and DTRs were decreased on the left. The diagnosis is chronic pain, postlaminectomy syndrome, sciatica, myalgia and myositis, lumbar degenerative disc disease and thoracic and lumbosacral radiculopathy. Treatment to date: lumbar epidural injections, physical therapy, work restrictions and medications. An adverse determination was received on 8/7/13 for a lack of documentation indicating sensory deficits on the physical examination and lack of imaging studies supporting the diagnosis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 OF 2: CAUDAL EPIDURAL STEROID INJECTION WITH CATHETER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. Caudal injections are not recommended for chronic lumbar radiculopathy. The progress notes indicated that the patient received his last caudal epidural injection on 5/7/13 and his medication intake decreased by 50 %; it was stated that the pain relief lasted 4 months, however during the encounter dated 7/3/13 the patient complained of worsening back pain localized in the middle back, lower back and gluteal area. The physical examination revealed weakness in the left knee, left ankle and left foot and the sensory was decreased in the left L5 distribution. However, these findings were consistent with multilevel nerve impingement, there imaging studies corroborating these findings were not available for the review. In addition, the percentage of pain relief from the prior caudal injection was not documented. Therefore, the request for 2 of 2 Caudal Epidural Steroid Injections with Catheter is not medically necessary.