

Case Number:	CM13-0016240		
Date Assigned:	11/06/2013	Date of Injury:	10/06/2000
Decision Date:	01/27/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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.

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 claimant is a 57-year-old, who was injured on 10/6/00. The claimant underwent posterior fusion at L4 through S1 in 2003, and posterior anterior fusion in 11/07. The claimant has a spinal cord stimulator in place at this time. The claimant complains of constant, sharp, dull, throbbing, burning, aching, and electric type pain with pins and needles. The pain is aggravated by walking and is decreased with medication. Examination revealed positive bilateral straight leg raise test a 30 degrees. The range of motion is decreased in all plains. The claimant has failed conservative therapy, such as activity avoidance, heat, ice packs, physical therapy, acupuncture, and adjuvant pain medication. Also, the claimant has had numerous injections in the past. The issue a dispute is whether caudal steroid injection is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>. The Claims Administrator also cited the Official Disability Guidelines; Work Loss Data Institute, LLC; www.odg-twc.com; Section: Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Occupational Medicine Treatment Guidelines, page 300.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that "the purpose of Epidural Steroid Injections (ESI) 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 offers no significant long-term functional benefit". The Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The medical records provided for review indicate that the claimant has had numerous injections in the past; however, the types of injections are not documented. Also there is no documentation that shows evidence of radicular pain in a specific dermatome, or corroborating electrophysiological studies or imaging studies. In addition, the claimant has a permanent spinal cord stimulator in place; hence the request for caudal epidural steroid injection is not medically necessary.