

Case Number:	CM13-0042044		
Date Assigned:	12/20/2013	Date of Injury:	02/20/1998
Decision Date:	05/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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 Emergency Medicine 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 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:

The injured worker is a 57-year-old female with an original date of injury on February 20, 1998. The mechanism of injury was a fall onto her hand and knees. The injured worker carries diagnoses of lumbar disc disease, failed back syndrome, lumbar discopathy, lumbar spondylosis, cervical degenerative disc disease, occipital neuralgia, intrathecal pump, R knee degenerative joint disease and bilateral piriformis syndrome. The patient has a history of lumbar disc fusion, previously removed spinal cord stimulators (3 prior), and replacement spinal cord stimulator attempted on 2/1/13 but failed due to scarring. Patient is also post multiple lumbar surgeries and spinal infusion pain pump. The medical records reviewed included those from the primary treating physician and consultants. Last report available until 10/25/13. The patient complains of low back pain radiating to R leg and neck pains. Pain is burning, shooting, 7-8/10 with some improvement to 6/10 with pain medicines. Pain worsens with walking, sitting. Pain disturbs sleep and activity of daily living. Uses a cane for assistance in walking. Objective exam reveals uncomfortable patient with forward posture. Mild L trapezius muscle pain. Normal cervical neck exam with no pain noted on exam with normal range of motion(ROM), negative head compression test. Noted decreased pinch and grip strength on R compared to L. Decreased bicep and tricep reflexes on R. Sensation is normal. Positive nerve tension test on R. Lumbar exam shows limited range of motion, pain with movement. Diffusely non-tender on palpation. Noted healed incision scars. Limited ROM, mostly flexion to only 20degrees. Normal sensations in lower extremity. Positive straight leg raise. L5 distribution of pain. Note from 10/1/13, patient last received a caudal epidural steroid injection on 9/8/13 that provided "pretty good improvement" but wore off and was reportedly only 15% improvement when assessed on the above date. Patient had reported attempted physical therapy and injections with little improvement. Current medication include sumatriptan, promethazine, xanax, levothyroxine,

norco and naproxen. Intrathecal pump infuses hydromorphone and Prialt. MRI of cervical spine(1/8/13) reveals multilevel L sided facet arthritis with multilevel L sided foramina stenosis and multilevel discogenic disease and degenerative changes mostly at C5-6. The disputed issue is a request for caudal epidural steroid injection with fluoroscopy. The last UR was 10/8/13, which recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION WITH FLUROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Section Page(s): 46.

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

Decision rationale: As per MTUS Chronic pain guidelines, ESI has limited utility due to limited short term pain relief and limited date on long term improvement. Patient has notes that patient has received unknown number of ESI in past. ESI may be used as part of a rehabilitative process to increase activity for rehab but has little benefit beyond that. There are specific guidelines that must be met before it can be recommended. Patient does not meet criteria number 7 of guidelines which recommends that repeat blocks should document objective functional and pain improvement of at least 50% for at least 6-8weeks. Patient has only a 15% improvement in pain after 1month of injection. Patient is unlikely to show any benefit or improvement in pain with repeated ESI. Caudal Epidural Steroid Injection under fluoroscopy is not medically necessary.