

Case Number:	CM13-0057163		
Date Assigned:	12/30/2013	Date of Injury:	01/26/1987
Decision Date:	06/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This patient is an 83-year-old female with date of injury of January 26, 1987. Per treating physician's report, November 1, 2013, patient presents with chief complaints of back pain and right leg pain, patient had the spinal cord stimulator explanted on July 18, 2013. The patient was also recently sees the spine surgeon who recommended either living with pain, undergo extensive spinal surgery, continue with epidural steroid injections. The patient would like to attempt another epidural steroid injection to see if her pain can improve. The patient is only able to stand up to 2 to 3 minutes before the pain is intolerable. He walks about 200 feet before pain stops her. Norco sedates her too much. Examination showed normal motor examination, decreased to touch in the feet for sensation, diminished range of motion throughout all planes of the lumbar spine. MRI of the lumbar spine from August 23, 2013 showed most severe spinal stenosis at L3-L4, postsurgical changes consistent with right lumbar laminectomy at the lower lumbar levels, bilateral neuroforaminal stenosis at L2-L3, bilateral foraminal stenosis at L5-S1, 4-mm central disk at this level with encroachment on both L5 nerve roots. Listed diagnoses per this physician are: Lumbago, sciatica, degenerative disk disease of lumbar spine, lumbar spinal stenosis. Recommendation was for trial of epidural steroid injection, with a prior injection on August 26, 2011 at L4-L5 that did not seem to provide adequate relief. Since pain radiates from her back and to posterior legs and feet. We will forward a caudal lumbar epidural steroid injection. There is an operative report July 18, 2013 for spinal cord stimulator electrodes explant and pulse generator explant. Progress report October 24, 2013 is by another physician. The patient presents with back pain and leg symptoms gradually progressive for many years, lumbar laminectomy back in 1982, now uses a walker for added stability when ambulating as profound weakness in legs, severe stenosis, scoliosis, and instability throughout most of her spine. He reviewed the MRI that showed marked scoliosis with right convexity of apex at L3 level among

multilevel spondylolisthesis, severe spinal stenosis across those segments. The patient wanted to consider epidural steroid injection rather than surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL INJECTION UNDER FLUOROSCOPY: Overturned

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- ESIs, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines XChronic Pain Medical Treatment Guidelines The Medical Treatment Utilization Schedule has the fo.

Decision rationale: This patient presents with persistent pain in the low back with radiating symptoms of lower extremities. The review of the reports shows that the patient's symptoms are progressively getting worse. MRI from August 23, 2013 shows severe spinal stenosis at multiple levels with scoliosis, retrolisthesis at multiple levels and foraminal stenosis at multiple levels. The treating physician indicates that the patient saw a spine surgeon who offered option of surgery or just live with pain or trying an epidural steroid injection again. The current request is for caudal epidural steroid injection trial. The treating physician indicates that the patient has had prior injection back in 2011 at L4-L5 without much relief. The Chronic Pain Medical Treatment Guidelines support epidural steroid injection trial for a clear diagnosis of radiculopathy which this patient does present with. There are multilevel foraminal stenoses, and patient has clear radicular symptoms down both lower extremities. For repeat injections, the Chronic Pain Medical Treatment Guidelines, require 50% reduction of pain lasting six to eight weeks along with documentation of medication reduction. In this patient, prior injection clearly failed back in 2011. However, the patient's current clinical scenario have changed and deteriorated significantly. This patient is 83-years-old, and now MRI showed severe spinal stenosis, and the patient has weakness on both lower extremities, and severe pain down the legs. The patient is not likely much of a candidate for lumbar surgery and the only options left are medication management and repeat trial of lumbar epidural steroid injection. Given clinical deterioration and probable progression of the lumbar stenosis, trial of epidural steroid injection despite failure of prior injection three years ago, appear quite medically reasonable. The request for a caudal epidural injection under fluoroscopy is medically necessary and appropriate.