

Case Number:	CM13-0059839		
Date Assigned:	02/21/2014	Date of Injury:	11/27/1998
Decision Date:	08/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 49 year old employee with a date of injury of 11/27/1998. Medical records indicate the patient is undergoing treatment for Open Reduction with Internal Fixation (ORIF) left wrist; possible development of complex regional pain syndrome; recurrent bilateral L3-L4, L4-L5; lumbar facet pain, left more than right and status post radiofrequency and revision of radiofrequency. The patient has bilateral lumbosacral radicular pain on the left greater than right; is negative for radiculopathy; status post anterior fusion L4-L5; lower back pain, s/p work injury and myofascial trigger point of the left paravertebral muscle L4, L5. Subjective complaints include back pain localized to left side of back with pain radiating down to left buttock. Patient reports a flare up in axial type back pain starting in September, 2013. A previous Radiofrequency Ablation (RFA) in November, 2011 provided pain relief which allowed the patient to be more functional and to do more activities of daily living. Objective findings include: gait is non-limping and non-favoring. Exam of neck and cervical spine movements are normal. Lumbar spine has tenderness from L3-L4, L4-L5 and L5-S1 left more than right. Mild bilateral sacroiliac joint tenderness was noted. Thoracic and lumbar spine movement shows the patient's lumbar extension more painful than flexion. Lateral bending and rotation are more painful than flexion. The patient has myofascial trigger point left paravertebral muscle near L4 and L5 vertebra on the left. There is pressure causing radiating pain to the left buttock and tailbone. Patient has tenderness of left upper extremity. Sensory, motor and reflexes are all normal. Treatment has consisted of physical therapy (PT), reclining wheelchair, myofascial trigger point injection, paravertebral muscle, L4-L5, July 13, 2012; bilateral L3-L4, L4-L5, lumbar facet median nerve radiofrequency, August 15, 2002; radiofrequency bilateral L3-L4, L4-L5, L5-S1 facet median nerve, June 21, 2005; revision of radiofrequency bilateral L3-L4, L4-L5, L5-S1, December 29, 2006 and bilateral L3-L4, L4-5, L5-S1 lumbar facet median nerve radiofrequency September 24,

2008. The patient was prescribed: Prilosec, Flexeril, Relafen, Duragesic Patch, Synovacin, Flurmild, Capsaicin and Ketoflex. Patient also has a heating pad and a leg wedge. Patient was on Elixir, Neurontin, belladonna/Phenobarbital, Aciphex, Wellbutrin and Xanax, all which were stopped. Patient also received a note to purchase a gym membership. The utilization review determination was rendered on 10/29/2013 recommending Caudal Epidural Block not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL BLOCK: Upheld

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

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) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that "Epidural Steroid Injections (ESI) are recommended as an option for treatment of radicular pain," which is 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 rehabilitation efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehabilitation 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. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase." Physical exam findings do not support radiculopathy and treatment notes do not detail if other conservative treatments were tried and failed (home exercise program, physical therapy, etc). As such, the request for Caudal Epidural Block is not medically necessary.