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| Case Number: | CM14-0007970 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 06/29/2005 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Occupational 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 patient is a 55-year-old female who has submitted a claim for lumbago, lumbar radiculopathy, lumbar spondylosis and lumbar post-laminectomy syndrome associated with an industrial injury date of June 29, 2005. Medical records from 2012-2014 were reviewed. The patient has sudden onset of constant episodes of severe bilateral lower back pain grade 9/10 in severity. The pain was characterized as sharp, dull and aching. It radiates to the bilateral buttocks, thighs, legs and feet. Pain is aggravated by prolonged standing and sitting. Associated symptoms include spasm, stiffness, leg numbness, and leg weakness. Physical examination of the lumbar spine showed tenderness on the lumbar paraspinal muscles. There was positive straight leg test on the right. Facet testing of the lumbar spine demonstrated hypomobility. Motor and sensation was intact. Imaging studies were not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, trigger point injections, lumbar surgery, and lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE OUTPATIENT LUMBAR CAUDAL EPIDURAL STEROID INJECTION (ESI)
AND REPEAT INJECTIONS UP TO TWO OVER A SIX MONTH PERIOD OF TIME:**
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), ODG-TWC Low Back: Epidural Steroid Injections, Therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections 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. In this case, the patient had received extensive lumbar epidural steroid injections in the past. The latest lumbar epidural steroid injection was done last February 5, 2014. The most recent progress report, dated December 18, 2013, stated that the spinal injections have not been helpful but the trigger point injections have helped. He continues to exhibit radicular symptoms. There was no documentation regarding objective evidence of functional improvement regarding the epidural steroid injections. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. In addition, repeat epidural steroid injections are dependent on the results of the first injection, hence two additional epidural steroid injections are not recommended. Moreover, the laterality for injection was not specified. Therefore, the request for one outpatient lumbar caudal epidural steroid injection (ESI) and repeat injections up to two over a six month period of time is not medically necessary.