

Case Number:	CM14-0102286		
Date Assigned:	07/30/2014	Date of Injury:	04/01/2004
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 is a patient with a date of injury of 4/1/04. A utilization review dated 6/19/14 recommended non certification for the requested Lumbar Epidural Steroid Injection via the Caudal Approach. The reasons given for non certification being this patient has an extensive history of multiple surgeries throughout the patients lumbar spine which have not made any difference in his pain. The patient has had multiple epidurals in the past which have not helped and undergoing a caudal block at this point is not going to be beneficial especially due to the surgery extending from the sacrum to L2. A progress report dated 5/1/14 identifies subjective complaints of improvement of his low back pain with increased dose of oxycontin but stating that his pain is primarily neuropathic and he is having difficulty controlling his leg symptoms. There is no physical exam noted in this progress report. A progress report dated 6/26/14 identifies no improvement of pain. There is no physical exam documented in this report. A progress noted dated 2/18/14 describes the patient ambulating with a slow antalgic gait with the use of a single point cane. The patient has difficulty standing or sitting with his back erect and shifts his weight from side to side trying to stay comfortable. The patient is noted to have exquisite tenderness and guarding to the lumbar paraspinal musculator and range of motion is significantly decreased secondary to pain. Deep tendon reflexes are trace at both knees but plantar and Achilles reflexes are 2+ and symmetric. The patient was noted to have decreased sensation to the left thigh and described pain with pressure to the top of the right foot. This patient has had 4 back surgeries in 2005, 2010, 2011 and 2014 which have been relatively unsuccessful and patient is for the most part described as being bed bound. This patient has also undergone several epidural injections in the past that have not been successful in controlling his pain. Diagnoses 1. Lumbar degenerative disc disease 2. Lumbar spinal stenosis L1-2 3. Lumbar radiculopathy bilateral lower extremities 4. Intractable low back pain 5. Status post hardware

removal L2-3 with L1-3 laminotomy/discectomy for left leg sciatica 8/11/11 6. Status post re exploration lumbar spine with hardware removal L-3 to the sacrum as well as discectomy with interbody fusion L2-3 with pedicle screws 5/27/10 7. Status post decompression and fusion L3-sacrum 8. Status post T-9 pelvis posterior spinal fusion and reinstrumentation L1-L2 TLIF interbody fusion 3/20/14. Recommendations recommended stabilizing the level above the fusion as they feel this is the source of the patients constant debilitating pain. Treatment plan recommends continued use of Cymbalta, oxycontin and Percocet and continue to work on authorization for epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steriod Injection via the Caudal Approach: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural Steriod Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is indication that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested Lumbar epidural steroid injection via caudal approach is not medically necessary.