MAXIMUS Federal Services

Case Number:	CM14-0013010		
Date Assigned:	02/24/2014	Date of Injury:	08/24/2009
Decision Date:	08/05/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old female patient with a 8/24/09 date of injury. 1/3/14 progress report indicates persistent low back and left lower extremity pain post L5-S1 fusion approximately a year and a half prior. The patient reports a flare of left-sided radicular symptoms. Physical exam demonstrates lumbar tenderness, left hip flexion weakness. 4/17/12 lumbar MRI demonstrates, at L5-S1, moderate bilateral foraminal narrowing and moderate central canal narrowing from L3 to L5. Treatment to date has included medication, Physical Therapy (PT), and epidural injections. The patient underwent L5-S1 hemilaminotomy with L5-S1 foraminotomy on 7/9/12. There is documentation of a previous 1/13/14 adverse determination because it was not clear how many ESIs were administered previously and what the response to previous injections was. There was also no objective radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines (Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, caudal injections are not recommended for chronic lumbar radiculopathy. With a 2009 date of injury, the patient's complaints are clearly chronic. In addition, the most recent medical reports did not demonstrate focal neurologic findings that would establish a diagnosis of radiculopathy. Furthermore, the patient's objective functional response to previous injections was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. Therefore, the request for a Caudal Epidural Steroid Injection for the low back is not medically necessary.