

Case Number:	CM14-0138137		
Date Assigned:	09/05/2014	Date of Injury:	06/12/2001
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

59 year old male injured worker has a date of injury 6/12/01 with related low back pain. Per progress report dated 7/2/14, the injured worker reported low back pain that radiated into the bilateral posterior legs. Numbness was noted in both feet. He rated his pain 8/10 in intensity. Pain was noted in the bilateral S1 distribution. Per physical exam, straight leg raising test was positive bilaterally. MRI of the lumbar spine dated 8/22/02 revealed mild to moderate congenital central canal stenosis. Multilevel posterior disc bulges at T11-T12, L1-L2, L2-L3, L3-L4, and L5-S1 with mild congenital neural foraminal stenosis at those levels. 3mm broad based posterior disc protrusion at L4-L5. Severe central canal stenosis and mild bilateral neural foraminal stenosis. Treatment to date has included injections, lumbar fusion, and medication management. The date of UR decision was 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Steroid Caudal Epidural with Fluoroscopy, with Depomedrol QTY: 1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker has previously undergone transforaminal epidural steroid injection at L3-L4, which provided 75% pain relief for 2-3 months, however there is no documentation of functional improvement, or reduction in medication use associated with this injection. Caudal ESI is a distinct injection/procedure from L3 TFESI. Therefore the results of previous ESI have no bearing on medical necessity for this request. The above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as weakness or diminished reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. The request is not medically necessary.