

Case Number:	CM14-0152525		
Date Assigned:	09/22/2014	Date of Injury:	10/18/2006
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 42-year-old male who has submitted a claim for lumbar radiculopathy, neuritis; degenerative facet disease, lumbar; lumbar disc displacement, herniation; back pain, lumbar; and degenerative disc disease associated with an industrial injury date of October 18, 2006. Medical records from 2014 were reviewed, which showed that the patient complained of constant, sharp/shooting/electrical pain in bilateral legs, right knee and low back. Lumbosacral exam revealed spinal tenderness and positive SLR bilaterally. Strength was reported to be 4/5 on the right and 5/5 on the left (muscle groups and what particular extremity was not specified). An MRI dated 12/4/13 revealed L4-5 disc bulge with RT foraminal narrowing. Treatment to date has included medications, physical therapy, medial branch blocks and a lumbar epidural steroid injection with fluoroscopy on November 25, 2013. A progress note on December 10, 2013 mentioned that 15 days post epidural, the patient experienced significant radicular pain relief greater than 50 percent in bilateral lower extremities. Utilization review from September 10, 2014 denied the request for Caudal epidural steroid injection with fluoroscopy, monitored sedation because the records failed to establish pain and functional improvement following the epidural steroid injection on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with fluoroscopy, monitored sedation: Upheld

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

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient presented with low back pain and radicular pain in the lower extremities. An MRI dated 12/4/13 revealed L4-5 disc bulge with RT foraminal narrowing supporting presence of a radiculopathy. The patient had a prior lumbar epidural steroid injection with fluoroscopy on November 25, 2013. A progress note on December 10, 2013 mentioned that 15 days post epidural, the patient experienced significant radicular pain relief greater than 50 percent in bilateral lower extremities. However, a progress note on January 8, 2014 noted that the patient experienced an average pain of 8/10 without medications and 5/10 a month prior. This indicates that the effect of the prior ESI already waned on December 2013, less than 6-8 weeks after. The criteria for a repeat injection were not met. ODG also does not recommend caudal injections for chronic radiculopathies. Therefore, the request for Caudal epidural steroid injection with fluoroscopy, monitored sedation is not medically necessary.