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| Case Number: | CM14-0158089 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 10/27/1993 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 09/05/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 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:

This is a patient with the date of injury of October 27, 1993. A utilization review determination dated September 5, 2014 recommends non-certification of a caudal epidural steroid injection. A progress report dated August 25, 2014 identifies subjective complaints of pain radiating down the right leg increased with activity and reduced with medication. Physical examination findings reveal tenderness to palpation around the lumbar paraspinal muscles with decreased range of motion in all planes. The patient has weakness on right ankle dorsiflexion. A summary of an MRI dated October 23, 2012 identifies "status post L3, L4, L5, and S1 disc spacers in place, bilateral laminotomy at L3-4, L4-5, and L5-S1. Levoscoliosis at L2-3, L2-3 disc height is diminished with disk desiccation." The diagnoses include chronic pain syndrome, lumbalgia, and postlaminectomy syndrome. The patient also has right-sided foot drop and resulting neuropathic pain. The treatment plan recommends Gabapentin, Cyclobenzaprine, Venlafaxine, Norco, Temazepam, and a caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under fluoroscopy , lumbar spine: 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 9792.20-9792.26 Epidural steroid injections ESIs Page(s): 46 of 127.

Decision rationale: Regarding the request for caudal 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 are subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested caudal epidural steroid injection is not medically necessary.