

Case Number:	CM14-0161567		
Date Assigned:	10/23/2014	Date of Injury:	01/12/1999
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 year old male employee with date of injury of 1/12/1999. A review of the medical records indicate that the patient is undergoing treatment for reflex sympathetic dystrophy unspecified, knee pain, lumbar spondylosis, lumbar or thoracic radiculopathy. Subjective complaints include mild cervical and thoracic pain; bilateral buttock pain, leg pain and arm pain described as intermittent, pressure, tingling, pulsing, aching, nagging, radiating, tender, cramping, burning, stinging, squeezing, sharp, shooting, stabbing, pinching, heavy, and dull. He continues to have worsening sitting intolerance and coccyx pain; main complaint is bilateral shooting pain into feet. He does however; report 80% relief from "crushing" axial back pain. Objective findings include examination of back revealing range of motion flexion 20 degrees extension 15 degrees; mild pain with facet loading and mild facet tenderness to palpation bilaterally. Exam of lower extremities reveals normal bulk and tone, no SI joint tenderness, no trochanteric bursa tenderness. Neurosensory exam reveals motor exam 3/5 on left and 4/5 on right. Sensory exam reveals decreased discrimination to the light touch along the right posterior lateral lower leg into the dorsum of the foot, numbness in bilateral upper hamstrings and right anterior thigh. Treatment has included the completion of a functional restoration program. Medications have included Voltaren, Lunesta, Butrans, Cymbalta, Norco, and Provigil. The utilization review dated 9/15/2014 non-certified the request for 1 caudal epidural injection, as an outpatient for persistent radicular pain in bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal epidural injection, as an outpatient for persistent radicular pain in bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The treating physician documented that the patient had participated in functional restoration program. MTUS further defines the criteria for epidural steroid injections to include: 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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy is documented by the treating physician in his physical exam findings. In a phone call between the utilization reviewer and the treating physician, the treating noted that a previous injection provided significant pain relief and resulted in a reduction in the use of opioid medications. As such, the request for one caudal epidural injection, as an outpatient for persistent radicular pain in bilateral lower extremities is medically necessary.