

Case Number:	CM14-0020137		
Date Assigned:	04/30/2014	Date of Injury:	09/01/1982
Decision Date:	07/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 67-year-old male who has submitted a claim for chronic low back pain secondary to osteoarthritis of the lumbar spine, degenerative disc disease of the lumbar spine at multiple levels, spinal stenosis, and muscle spasms associated with an industrial injury date of September 1, 1982. Medical records from 1983-2013 were reviewed. The patient complained of chronic low back pain. Physical examination showed tenderness of the lumbar spine. There was diminished sensation to the paraspinal muscles of the lumbar region on the left side. Motor strength was normal. MRI of the lumbosacral spine, dated December 5, 2008, revealed straightening lateral lordosis and prominent spondylolytic degenerative changes of the lumbosacral spine; mild spinal canal stenosis at L3-L4 reflecting diffuse posterior disc bulge, discogenic change, facet joint and ligamentum flavum hypertrophy, and encroachment of exiting neural foramina bilaterally more on the left; mild diffuse posterior disc bulge causing slight encroachment of the inferior aspect of the exiting neural foramina bilaterally at L2-L3 and L4-L5; and diffuse posterior disc bulge at L5-S1 slightly more eccentric to the right causing encroachment of the inferior aspect of the neural foramina bilaterally but more on the right. Treatment to date has included medications, physical therapy, activity modification, caudal epidural steroid injections, lumbar laminectomy, and hip replacement. Utilization review, dated January 30, 2014, denied the request for caudal epidural injection under fluoroscopy and caudal epidural injection under fluoroscopy (retro 06/19/13, 8/14/13, 10/9/13 & 12/04/13) because the documentation did not contain physical examination findings consistent with radiculopathy to support initial injection, and no description of percentage or duration of relief, functional benefit, or associated reduction in medication use to support medical necessity of repeating the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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 has persistent low back pain. Patient has responded well to previous epidural steroid injections. However, objective pain relief measures, duration of pain relief, and evidence of functional improvement were not documented. Physical examination failed to show presence of radiculopathy as corroborated with the MRI findings. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, the spinal level and laterality was not specified on the present request. Therefore, the request for CAUDAL EPIDURAL INJECTION is not medically necessary.

CAUDAL EPIDURAL INJECTION RETRO (DOS 6/19/13, 8/14/13, 10/9/13, 12,4,13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection 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 has persistent low back pain. Patient underwent epidural steroid injections on June, August, October, and December 2013 in which he had excellent relief. However, objective pain relief measures, duration of pain relief, and evidence of functional improvement were not documented. Physical examination failed to show presence of radiculopathy as corroborated with the MRI findings. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Moreover, the spinal level and laterality was not specified. Therefore, the request for CAUDAL EPIDURAL INJECTION RETRO (DOS 6/19/13, 8/14/13, 10/9/13, 12,4,13) was not medically necessary.