

Case Number:	CM14-0070001		
Date Assigned:	07/14/2014	Date of Injury:	07/24/2009
Decision Date:	09/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a work injury dated 7/24/09. The diagnoses include lumbar disc displacement and lumbar radiculopathy. The patient is s/p lumbar fusion 9/19/13. Under consideration is a request for caudal epidural steroid injection, monitored anesthesia care, epidurography. There is a primary treating physician report dated 3/26/14 that states that the patient has pain which is described as, sharp, stabbing, burning, and constant, radiating. Pain radiates into the left leg, all the way down to her foot. Numbness is, noted. Paresthesias are noted. Weakness is noted. Patient is currently, working with restrictions. Patient has tried, ice, heat application, NSAIDS, and the pain has not improved. Previous treatment included lumbar steroid epidural. Patient had epidurals in the past, last one done in May 2010 and had good pain relief, more than 50%. Epidurals gave her enough pain relief to send her back to work. She also pain in the low back that radiates to the right leg. Meds and cream for low back helps her. finished 6 sessions of physical therapy. On exam the patient walks on the heels with difficulty, due to pain. Paralumbar spasm is 2+ tenderness to palpation, on the right. Atrophy is present in the quadriceps. There is decreased lumbar range of motion. Straight leg raising is positive, at 40 degrees. Lower extremity deep tendon reflexes are absent at the knees. Sensation to light touch is decreased on the right in the lateral thigh, in the lateral calf, in the lateral foot. Motor strength of the lower extremities measures 5/5 all groups bilaterally. The treatment plan includes a request for a caudal epidural steroid injection, monitored anesthesia care, epidurography. MRI of the lumbar spine on November 06, 2012, showing mild to moderate loss of disc height, 2-3 mm disc bulge contributing to minimal to mild bilateral foraminal stenosis, L3-L4 2-3 mm right posterior superiorly migrated and sequestered disc present, L4-L5, mild to moderate loss of disc height, 2-3 mm anterolisthesis with accompanying moderate facet arthropathy contributing to

minimal to mild spinal canal stenosis, L4-S1, mild disc desiccation, mild loss of disc height, 2-3mm broad based centrally protruded disc present, minimal scoliosis, lumbar lordosis disrupted and minimal mild paraspinal muscle atrophy. A 3/31/14 document reveals that the patient underwent a lumbar steroid epidural injection on December 18, 2009, and second on May 07, 2010 with improvement for a few months. Electrodiagnostic studies were obtained on May 27, 2011, and were normal. She then underwent a lumbar plexus electrodiagnostic examination on June 10, 2011, showing severe right L3-4 and very severe right S1 radiculopathy. The patient underwent a steroid epidural injection at L4-5 and L5-S1 on September 23, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection, monitored anesthesia care, epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: Caudal epidural steroid injection, monitored anesthesia care, epidurography is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation is not clear that prior injections have resulted in a medication reduction with the pain relief for 6-8 weeks. The request does not indicate a level or laterality of the injection. The request for caudal epidural steroid injection, monitored anesthesia care, epidurography is not medically necessary.