

Case Number:	CM14-0086205		
Date Assigned:	07/23/2014	Date of Injury:	07/26/1982
Decision Date:	12/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine, 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 51-year-old male with a date of injury of 07/26/1982. The listed diagnoses are: 1. Degeneration of lumbar or lumbosacral intervertebral disk. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Postlaminectomy syndrome of lumbar region. According to progress report 05/19/2014, the patient presents with severe low back pain radiating to his lower extremities. Treater states the patient has undergone lumbar epidural steroid injections every 4 months and the patient feels as though this "helps his sharp pain down his lower extremity and affords him pain relief enough for a few months in order for him to function better and enjoy quality of life." The last injection was performed on January of 2014. The treater would like to perform a repeat caudal epidural steroid injection as the patient notes 50% benefit from prior injection. Musculoskeletal examination revealed "antalgic gait." Utilization Review denied the request on 05/27/2014. Treatment reports from 10/24/2013 to 07/08/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Managing Expectations Page(s): 46-48.

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

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. The treater is requesting a caudal epidural steroid injection. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section page 46 and 47 "recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. In this case, the patient has radicular symptoms but no MRI findings that corroborate the patient's radicular complaints. The patient has been receiving ESI injections in a "quarterly fashion." The last ESI received was on 01/16/2014. Review of progress reports prior to the injection from 01/07/2014 and immediately following the injection from 02/13/2014 indicates the patient is taking high dosage of OxyContin. Report 02/13/2014 states that the patient feels OxyContin continues to provide relief and "he does not wish to make any changes." Progress reports continually note that the patient is to continue OxyContin "without dose adjustment." It appears there is no reduction in medication or documentation of functional improvement while subjectively improved by 50%. MTUS requires documentation of at least 50% pain relief AND reduction of medication to consider repeat injections. Recommendation is for denial.