MAXIMUS Federal Services

Case Number:	CM13-0019148		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2003
Decision Date:	01/08/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Rehabilitation & Pain Management 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 75 year old male with an injury date of 06/23/03. Based on the 04/08/13 progress report, the patient complains of achy bilateral low back pain with numbness and radiating pain to the left anterior thigh. He rates his pain as a 4-5/10. His pain awakens him from sleep and he is limited to 30 minute sitting, standing, and walking tolerance. The patient feels weakness in his left leg. According to the 06/04/14 report, the patient presents with low back pain which radiates to his left lower extremity with numbness and tingling. He walks with an antalgic gait and has severe depression. The 07/03/14 report indicates that the patient has a decreased sensation in his left anterior thigh. "He is tender over the left lumbar paraspinal muscles which are tight and which upon palpation reproduce concordant referred pain." The patient underwent L4 through S1 fusion with hardware removal (date not provided). The 12/10/12 MRI of the lumbar spine revealed the following: L3-L4 disc dessication with bilateral moderate facet hypertrophy and ligamentum flavum buckling contributing to mild-to-moderate narrowing of the central canal Mild right and moderate left foraminal stenosis at L4-L5 and L5-S1; Mature interbody and posterolateral spinal fusion; Mild bilateral L5-S1 left greater than right neuroforaminal narrowing. Increased signal in the paraspinal soft tissues from L4 through S1 levels without well circumscribed fluid collection is identified; Clinical concern for soft tissue infection and overlying ulceration. The patient's diagnoses include the following: Status post L4 through S1 fusion with hardware removal and adjacent disc disease at L3-L4 with moderate central narrowing; Chronic pain; History of cerebrovascular accident; Hypertension (HTN); Left-sided lumbar myofascial pain. The utilization review determination being challenged is dated 08/22/13. Treatment reports were provided from 04/08/13- 09/19/14.

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 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46-47.

Decision rationale: The patient presents with left-sided low back pain with numbness and radiating pain to the left anterior thigh. The request is for a Caudal Epidural Steroid Injection (no levels indicated). The utilization review denial letter states that the patient had "received last epidural injection on 09/2011 with excellent relief" (no levels indicated). The 12/10/12 MRI of the lumbar spine revealed that at L3-L4, there was disc dessication with bilateral moderate facet hypertrophy and ligamentum flavum buckling contributing to mild-to-moderate narrowing of the central canal. There was mild right and moderate left foraminal stenosis at L4-L5 and L5-S1. There was mature interbody and posterolateral spinal fusion and mild bilateral L5-S1 left greater than right neuroforaminal narrowing. There was increased signal in the paraspinal soft tissues from L4 through S1 levels and clinical concern for soft tissue infection and overlying ulceration.In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." The utilization review denial letter states that the patient had "received last epidural injection on 09/2011 with excellent relief" (no levels indicated). In this case, while the treater provides a general statement about how the prior epidural steroid injection was helpful, there is no numerical assessment to show how much the patient responded to the first injection. MTUS requires documentation of pain and functional improvement for repeat injections, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Furthermore, there is no documentation of reduction in medication or improvement in function. The treater has not provided any positive exam findings regarding the patient's lumbar spine. The 07/03/14 report states that the patient had a negative straight leg raise. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. The request is not medically necessary.