

Case Number:	CM14-0122194		
Date Assigned:	08/29/2014	Date of Injury:	10/01/1997
Decision Date:	01/16/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 injured worker is a 49 year old female with a date of injury as 1997. The cause of injury was related to two separate occurrences, one in 1991 while she was carrying tiles and the other was in 1997 when she was sitting in a chair at work and the chair broke. The current diagnoses include lumbago, lumbar disc degeneration, lumbar spondylosis, post laminectomy syndrome (lumbar) (retained spinal stimulator), and lumbar radiculopathy L5 and S1. Previous treatments include multiple medications, Toradol injection, lumbar vertebral fusion in 1999 and 2000, spinal cord stimulator placement in 2002, and home exercise program. Primary treating physicians report dated 01/06/2014 and 03/24/2014 was included in the documentation submitted for review. Report dated 03/24/2014 noted that the injured worker presented with complaints that included low back and left leg pain. The injured worker stated that there has been no change since the last time she was seen on 01/06/2014. It was further stated that the pain level was 6 out 10 and that staying in one position makes the pain worse while changing position helps to alleviate the pain. Low back pain is greater on the left as well as left foot numbness/tingling. Relief was noted with the use of Lyrica, Celebrex, and Savella. Physical examination revealed lower back tenderness on palpation of the right paraspinal region and in the left paraspinal region, and lumbosacral spine exhibited tenderness on palpation of the spinous process from L4-S1, of the sacrum improved, and of the sciatic notch bilaterally, active extension of the lumbosacral spine was decreased, flexion elicited pain, and bilateral straight-leg raises were positive for low back and left leg pain. Both sacroiliac joints showed tenderness on palpation. Neurological examination showed decreased sensory response on the lateral leg and dorsum of the foot bilaterally. The injured worker had an antalgic gait. The treatment plan consisted of Celebrex, Lyrica, and Savella. The physician noted that the injured worker has struggled through a trial of medications.

He further stated that these medications are not the long term solution; because she wants to stay off of narcotics due to withdraw symptoms. He also noted that the injured worker is now off of gabapentin and that the injured worker reports improved sleep. The injured worker has also started riding a bike as part of her home exercise program. The physician further discussed bilateral epidural steroid injections for her worsening low back pain, consultation with a psychologist to develop better coping skills. The work status was not included. The utilization review performed on 07/01/2014 non-certified a prescription for a Caudal Epidural Injection with RACZ Catheter based on lack of subjective and objective findings that correlate with a Magnetic Resonance Imaging (MRI) study. The utilization reviewer also stated that the injured worker had previously undergone an epidural steroid injection, but the medical records do not establish quantification and duration of pain relief achieved after each injection. Also the injured worker has a spinal cord stimulator in place for radicular pain. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection with RACZ Catheter: Upheld

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

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

Decision rationale: Caudal Epidural Injection with RACZ Catheter is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 documentation indicates that the patient has had prior epidural injections but the details and efficacy of these injections is not clear. The documentation does not indicate objective imaging and/or Electrodiagnostic testing to corroborate with physical exam findings. The request for caudal epidural injection with RACZ Catheter is not medically necessary.