MAXIMUS Federal Services

Case Number:	CM14-0127892		
Date Assigned:	08/15/2014	Date of Injury:	01/02/1998
Decision Date:	07/28/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72-year-old male, who sustained an industrial injury on 1/2/98. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, lumbar radiculopathy, spasm of muscle, spinal/lumbar degenerative disc disease, and neuralgia/neuritis. Treatment to date has included multiple caudal epidural steroid injections, transforaminal lumbar epidural steroid injections, and medication including Oxycontin and Norco. Back pain on 7/23/14 was rated as 8-10/10 with medication. A physician's report dated 7/23/14 noted many of the caudal epidural steroid injections provided excellent pain relief. Currently, the injured worker complains of back pain radiating to both legs with right anterior thigh numbness. Left shoulder pain and right knee pain were also noted. The treating physician requested authorization for 1 caudal epidural steroid injection with catheter for symptoms related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal Epidural Steroid Injection, with catheter, for symptoms related to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-

https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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 8) No more than 2 ESI injections. In this case, the injured worker has had 12 epidural steroid injections over a 5-year period. Per available documentation only 2 of the 12 injections provided significant relief. There is not indication that any of the injections provided at least 50% relief and there is not documentation of the length of relief afforded by the 2 efficacious injections. This request is not medically necessary.