MAXIMUS Federal Services

Case Number:	CM14-0188422		
Date Assigned:	11/19/2014	Date of Injury:	01/07/2003
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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. The expert reviewer is Board Certified in American Board of Internal Medicine 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 injured worker (IW) is a 50-year-old man with a date of injury of January 7, 2003. The mechanism of injury was a gate fell on the injured worker's back. The specific injuries sustained were not documented in the medical record. A lumbar MRI in November 2012 demonstrated stenosis at L4-L5 and a 4 mm posterior disc spur complex with hypertrophy touching nerve roots at L4-L5 and postoperative changes at L5-S1. The IW underwent laminectomy and fusion at L4-S1 in 2008. The IW has been diagnosed with post-laminectomy syndrome, and radiculopathy. Pursuant to an Initial Comprehensive Pain Management Report dated October 15, 2014, the IW complains of a deep achy pain in his lower back that radiates down the posterior aspect of his buttocks. The pain is associated with numbness and tingling. There is pain-inhibited weakness. He occasionally uses a single point cane due to the pain, He denies and bowel or bladder incontinence. The pain is rated 7/10 on the pain scale. Examination revealed straight leg raise test on the right: 60 degrees and positive. Straight leg raise on the left: 60 degrees and positive. Palpation to the lumbar facet reveals pain on both sides at L3-S1 region. There is pain noted over the lumbar paravertebral spaces (discs) on palpation. The injured worker's gait appears to be antalgic. Anterior flexion of the lumbar spine is noted to be 30 degrees. Anterior lumbar flexion causes pain. Motor strength is grossly normal except 4/5 right dorsiflexion, 4+/5 left dorsiflexion. Sensation of the upper extremities is grossly intact. Lower extremity sensation is decreased on the bilateral L5 distribution. The IW takes Tramadol for pain. Treatment history indicated that the IW had had physical therapy with no pain relief. The date of the physical therapy and number of session received was not detailed in the medical record. The IW has also received nerve blocks and epidural steroid injections with no pain relief. Other treatments have included TENS unit, traction, acupuncture, chiropractor pain clinic, and psychologist/hypnosis, all with no pain relief. The provider is recommending a caudal epidural steroid injection with a

catheter to the L5 under fluoroscopy and monitored anesthesia care, and request for medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with catheter L5 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, caudal epidural steroid injection with catheter L5 under fluoroscopy and anesthesia is not medically necessary. The ODG enumerate the criteria for epidural steroid injections (ESI). They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies; 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 force 6 to 8 weeks. A second block is not recommended if there is inadequate response to the first block. In this case, the injured worker was being treated for chronic pain syndrome and low back pain with radiculopathy. A pain management comprehensive report dated October 15, 2014 indicates the injured worker is 49 years old with back pain radiating bilaterally down both lower extremities that was not resolved with physical therapy epidural steroid injections. The injured worker underwent L4 - five and L5 - S1 laminectomy and fusion in 2008. Under the treatment history epidural steroids were given with no pain relief. Consequently, pursuant to the ODG, a second block is not recommended if there is inadequate response to the first block. The documentation reflects there was an inadequate response (no pain relief) to the first block. Additionally, conservative treatment was provided (physical therapy) with no pain relief. The dates, modalities and duration of physical therapy are not documented in the medical record. Consequently, caudal epidural steroid injection with L5 under fluoroscopy and anesthesia is not medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, medical clearance is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based upon what medications the patient is taking. In this case, a request for a caudal epidural steroid injection with catheter L5 under fluoroscopy and anesthesia. The request was not medically necessary. Consequently, in the absence of a recommendation for the requested procedure, medical consultation is not clinically indicated and not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, medical clearance is not medically necessary.