

Case Number:	CM14-0193408		
Date Assigned:	12/01/2014	Date of Injury:	03/24/2008
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

63y/o female injured worker with date of injury 3/24/08 with related low back pain. Per progress report dated 10/16/14, the injured worker reported lower back pain on the left side radiating into the leg up to the toes with tenderness of the skin. She rated her pain 6/10 and described it as sharp, dull/aching, stabbing, numbness, electrical, burning, stinging, cramping, spasm. Per physical exam, there was diffuse tenderness of the cervical spine. Straight leg raise test was positive on the left side. There was severe tenderness over the left lower facet joint. There was decreased sensation over the left lower extremity, and deep tendon reflexes were absent in both lower extremities. Treatment to date has included spinal cord stimulator, physical therapy, and medication management. The date of UR decision was 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under fluroscopy with anesthesia and x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections (ESIs)

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains physical exam findings of radiculopathy in the form of diminished sensation and absent deep tendon reflex. MRI of the lumbar spine revealed hypertrophic changes at facet joints of L5-S1 level bilaterally and a 3mm broad based posterior disc bulge making contact with the anterior aspect of the thecal sac. There was moderately significant narrowing of both neural foramina. However, as the UR physician pointed out, per the ODG guidelines for the use of epidural steroid injections, "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal." Per the documentation submitted for review, the injured worker was not using a benzodiazepine, SSRI, or anti-anxiety medication routinely, being such, they did not have anxiety, and anesthesia is not medically necessary. The request is not medically necessary.