

Case Number:	CM14-0194491		
Date Assigned:	12/02/2014	Date of Injury:	09/09/1997
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury of September 9, 1997. A utilization review determination dated November 3, 2014 recommends non certification of repeat caudal epidural steroid injection (B) L4-S1. Non-certification is recommended due to lack of objective examination findings supporting a diagnosis of radiculopathy and failed conservative treatment. A progress note dated October 27, 2014 identifies subjective complaints of low back pain. The note indicates that he has facet arthropathy which is managed with medial branch blocks that provide over 90% improvement. The patient has noted increased low back pain since the last visit. Objective examination findings showed normal reflexes in the upper and lower extremities. The treatment plan states that the patient has now been experiencing leg numbness, tingling, and weakness extending into his feet which is new. The patient reports that epidural injections have resolved the symptoms previously. The treatment plan recommends a caudal epidural steroid injection to target the bilateral L4-S1 nerve roots. A progress report dated November 18, 2014 identifies physical examination findings of tenderness over the L4-5 facets with negative straight leg raising and normal sensory and motor examination of the lower extremities. The diagnosis is lumbosacral spondylosis without myelopathy. The treatment plan states that the patient has undergone epidurals with over 60-70% relief previously. They repeat epidural is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat caudal ESI L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Regarding the request for repeat caudal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no physical examination findings, imaging, or Electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested caudal epidural steroid injection is not medically necessary.