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| Case Number: | CM14-0208646 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 11/14/2002 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Physical Medicine Rehab, 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:

The injured worker he is a 39-year-old male with an original date of injury on November 14, 2002. The patient has diagnoses of post laminectomy syndrome, L4-L5 disc displacement, L5-S1 replacement, removal of failed disc replacement, and L4-S1 anterior fusion surgery. A CT scan of the lumbar spine on February 16, 2010 had revealed fusion posteriorly from L4-S1 with laminectomy and pedicle screws, congenitally small canal with retrolisthesis at L1-L2, L2-3, and L 3-4 creating mild to moderate acquired central spinal and recess stenosis. The patient had an open MRI of the lower back on January 30, 2012 again showing posterior fusion hardware which appear to be intact, right subarticular zone and foraminal protrusion measuring approximately 5 mm in AP dimension causing stenosis of the subarticular zone at L1-L2, moderate facet arthropathy of L3-L4, mild bilateral foraminal stenosis at L 4-L5, and L5-S1 dorsal decompression with moderate bilateral foraminal stenosis related to facet osteoarthropathy. The patient has been treated with physical therapy and taking oral medications for pain. The disputed issues are the requests for caudal epidural steroid injection and moderate sedation services. The utilization review on December 8, 2014 has noncertified these requests. With regard to caudal epidural steroid injection, a note from November 24, 2014 states the patient has about 50% relief from previous caudal epidural steroid injection on November 10, 2014. The rationale for denial was the patient had the last caudal epidural steroid injection 2 weeks earlier and there is no support for a repeat injection so soon. Therefore it was denied. With regards to the request for moderate sedation service, because the caudal epidural steroid injections are indicated, associated sedation service is not indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection QTY #1: 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 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: According to the submitted documentation, the patient first had caudal epidural steroid injection on April 14, 2014. There was improvement of 50% pain relief which only lasted for 2 weeks. The patient subsequently had repeat injections on 6/30/2014 with 60% improvement of pain and on 11/10/2014 with 50% improvement of pain. The current request for epidural steroid injection was made on 11/27/2014. Despite the documented improvement from previous caudal epidural steroid injections, the requests for repeat injection is too soon. 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. The requests for repeat injection 2 weeks from a prior injection is too soon, therefore, this procedure is not medically necessary.

Moderate sedation services QTY #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21(c), Title 8, California Code of Regulations Page(s): 2.

Decision rationale: Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." With regards to the moderate sedation procedure, because the patient is not approved for caudal epidural steroid injection at this time, the sedation procedure is also not necessary. Therefore, this request is also not medically necessary.