

Case Number:	CM14-0077018		
Date Assigned:	03/09/2015	Date of Injury:	08/02/2000
Decision Date:	04/14/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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: Physical Medicine & Rehabilitation

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 58 year old woman sustained an industrial injury on 8/2/2000. The mechanism of injury is not detailed. Treatment has included oral medications, physical therapy, aquatic therapy, acupuncture, surgical intervention, bracing, and epidural steroid injections. Physician notes dated 3/19/2014 show multiple painful areas. Recommendations include physical therapy, epidural steroid injection, refill of medications, aquatic therapy, in home assistance 16 hours per week, and follow up in four weeks. On 4/30/2014, Utilization Review evaluated a prescription for a repeat caudal epidural steroid injection that was submitted on 5/9/2014. The UR physician noted that there is no radiological evidence of radiculopathy, not sufficient physical evidence, and the worker had a return of pain two weeks post injection. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A repeat caudal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with pain in multiple body parts including neck, back, bilateral shoulders, bilateral upper extremities, left hip, and left knee. The treater has asked for A REPEAT CAUDAL EPIDURAL STEROID INJECTION, ESI on 3/14/14. The patient's diagnoses per Request for Authorization form dated 12/13/13 are lumbago, pain in joint--lower leg, degeneration of cervical intervert. The patient has not undergone any spine surgeries per 3/4/14 report. The patient has had prior lumbar epidural steroid injections, including a caudal epidural steroid injection and right hip injection on 1/6/14 with 60% pain relief/functional improvement and decreased medication requirements for the past 2 weeks per 3/4/14 report. The effects of the epidural steroid injection have worn off as of now per 3/4/14 report. The previously diagnosed peritoneal neuropathy has improved since this caudal injection, but her activities of daily living are greatly affected and still requires home assistance for them per 1/22/14 report. The patient's lower back pain and bilateral leg symptoms have gotten worse since the last visit per 3/4/14 report. Physical exam results show a positive straight leg raise bilaterally per 3/4/14 report. The patient's work status is permanent and stationery as of 3/4/14 report. Review of reports from 9/26/13 to 3/14/14 do not show documentation of a previous lumbar MRI being done. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the patient has continuing back pain, and the treater has requested a repeat caudal epidural steroid injection. A prior caudal epidural steroid injection provided good relief from pain, functional improvement, and a reduction in medication usage. There are examination findings showing a positive straight leg raise, but there are no EMG/NCV findings or lumbar MRI to corroborate radiculopathy. ESI is not supported unless there is a clear documentation of radiculopathy which required discussion regarding imaging study showing nerve root lesion. The request IS NOT medically necessary.