

Case Number:	CM15-0004637		
Date Assigned:	01/15/2015	Date of Injury:	04/10/1997
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 60-year-old female, with a reported date of injury of 04/10/1997. The diagnoses include low back pain, lumbar spine radiculopathy, lumbar spine degenerative [REDACTED] disc disease, and failed back surgery syndrome of the lumbar spine. Treatments have included oral pain medications. Diagnostic test reports were not included in the medical records provided for review. The progress report dated 11/24/2014 indicates that the injured worker stated that most of her pain was in the low back with radiation into the bilateral lower extremities, right greater than left. The pain that radiated into the right left traveled to the foot. She also complained of tailbone pain. The injured worker rated her pain a 6 out of 10. The objective findings included decreased range of motion in the right leg/hip; decreased range of motion in the lumbar spine; and decreased sensation in the right foot. The treating physician requested one (1) caudal epidural steroid injection. The reason for the request was not included. On 01/01/2015, Utilization Review denied the request for one (1) caudal epidural steroid injection under fluoroscopic guidance and sedation, noting there was no documentation of radiculopathy, no evidence of a failed active therapy program, no indication that the injection was to assist the progress in a current active treatment program, and no reason for sedation. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Caudal epidural steroid injection under fluoroscopic guidance with sedation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 56.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections, Note: The purpose of ESI is 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 functional benefit. 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 patient has the documentation of low back pain and radiculopathy and the patient's physical exam does show decreased sensation in the lower extremities. However there is no provided documentation that shows corroboration by imaging studies and/or EMG. For these reasons the criteria set forth above have not been met. Therefore the request is not certified.