

Case Number:	CM15-0007106		
Date Assigned:	01/26/2015	Date of Injury:	01/31/2011
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 1/31/2011. On 1/13/15, the injured worker submitted an application for IMR for review of caudal epidural steroid injection under fluoroscopic guidance. The treating provider has reported continued constant low back pain since the injured worker fell 11/15/14 due to numbness in his feet. After 1-2 weeks, pain did not resolve and the injured worker was treated in the emergency room with IV Dilaudid/Ativan and x-rays were completed. There were no findings on the x-rays, but pain medication was beneficial. This was short lived, as the pain returned. The diagnoses have included post laminectomy syndrome- lumbar, lumbar degenerative disc disease, intervertebral disc degeneration and depressive disorder. Treatment to date has included medication, physical therapy, a Functional Restoration Program, posterior L5-S1 decompression and fusion with instrumentation, spinal cord stimulator implant, multiple x-rays and MRI's. On 12/23/15, Utilization Review non-certified the caudal epidural steroid injection under fluoroscopic guidance per the MTUS Guidelines for Low Back Complaints, Chronic Pain Medical Treatment Guidelines and Epidural Steroid Injections (ESIs).

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 fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient was injured on 01/31/11 and presents with pain in his bilateral buttock, bilateral legs, and bilateral feet. The request is for a CAUDAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE. The RFA is not provided and the patient is on leave from work at the time. It does not appear that the patient had a prior caudal ESI. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." Review of the reports provided does not indicate if the patient has had a prior caudal ESI. There are no lumbar MRI reports provided for this review. The patient has aching, sharp, shooting, and burning pain in his bilateral buttock, bilateral legs, and bilateral feet. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. The request IS NOT medically necessary.