

Case Number:	CM15-0103205		
Date Assigned:	06/05/2015	Date of Injury:	02/11/2011
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, with a reported date of injury of 02/11/2011. The diagnoses include status post lumbar fusion, spondylolisthesis and spondylolysis at L5-S1, status post lumbar fusion with removal of hardware, and status post L3-4 through L5-S1 posterior decompression with 8mm of spondylitic/spondylolisthesis at L5-S1. There are associated diagnoses of severe depression and anxiety disorder. Treatments and diagnostics to date have included oral medications, caudal injection in 10/2014, MRI of the lumbar spine and topical pain medication. The medical report dated 04/03/2015 indicates that the injured worker had low back pain with radiation into the left leg. His pain level was reported as 8 out of 10 without medication and 7 out of 10 with medications. It was noted that the injured worker's last caudal injection gave 60% relief for greater than six weeks. The injured worker requested to repeat the injection. The physical examination showed tenderness to palpation of the lumbar paraspinous area, decreased lumbar range of motion in all planes, lumbar surgical scar, left lumbar radicular signs, positive left straight leg raise test and decreased sensation. The pre-spinal cord stimulator Psychology Clearance evaluation noted significant depression and anxiety disorder. There was recommendation for 6 months of psychological before re-evaluation for the procedure. The medication listed are Cymbalta, naproxen, omeprazole, trazodone and Opana ER. The treating physician requested caudal injection with fluoroscopy and sedation, SCS (spinal cord stimulator) trial under sedation with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal injection with flouroscopy and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend interventional pain procedures can be utilized for the treatment of severe low back pain that did not respond to conservative treatments with medications and PT. The presence of significant psychiatric condition was noted to be associated with decreased efficacy of surgery and interventional pain procedures. The records indicate that the patient did not report significant sustained pain relief with functional restoration following the previous caudal epidural injection. The psychologist recommended a minimum of 6 months psychology therapy followed by re-evaluation for spinal cord stimulator trial. The patient was noted to be experiencing severe depression and anxiety disorder. The criteria for caudal epidural steroid injection with fluoroscopy and sedation was not met. Therefore the request is not medically necessary.

Spinal cord stimulator trial under sedation with flouroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implant Page(s): 46, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend interventional pain procedures can be utilized for the treatment of severe low back pain that did not respond to conservative treatments with medications and PT. The presence of significant psychiatric condition was noted to be associated with decreased efficacy of surgery and interventional pain procedures. The guidelines recommend that spinal cord stimulator treatment can be utilized when conservative managements, less invasive pain procedures and surgical treatments have failed. The records indicate that the patient did not report significant sustained pain relief or functional restoration following the caudal epidural injection. The psychologist recommended a minimum of 6 months psychology therapy followed by re-evaluation for spinal cord stimulator trial. The patient was noted to be experiencing severe depression and anxiety disorder. The criteria for Spinal cord stimulator trial was not met. Therefore the request is not medically necessary.

