

Case Number:	CM15-0104612		
Date Assigned:	06/08/2015	Date of Injury:	03/01/2007
Decision Date:	08/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 female who sustained an industrial injury on 03/01/2007. Mechanism of injury was not found in documentation presented. Diagnoses include failed back surgery syndrome, lumbar radiculopathy, and history of sciatic nerve trauma. Treatment to date has included diagnostic studies, and medications. Her medications include Neurontin, Oxycontin, Baclofen, Prilosec and Percocet. A physician progress note dated 05/04/2015 documents the injured worker presents for medication refills. She is still having a lot of numbness and burning sensation going down the right leg. On her last visit, her Neurontin was increased to 800mg three times a day, but she states that it is upsetting her stomach, and it will be decreased to 600mg three times a day. She rates her pain with medications about a 5 or 6 on a pain scale of 0 to 10, and without medications her pain is rated 9 out of 10. She has constant pain. Her pain is dull, burning, throbbing, pins-and-needles, numbness and tingling. She walks with an antalgic gait and uses a walker. Lumbar range of motion is restricted. Straight leg rising is positive on the right. She has a positive Faber sign and thigh thrust on the right. Her medications were refilled. Treatment requested is for a lumbar caudal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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 researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The treating physician has not provided documentation of radiculopathy corroborated by imaging studies and/or electro diagnostic testing. Additionally, medical documentation provided indicate this patient has had a previous ESI and the treating physician documents the patient's pain relief lasted 5 days, which does not meet guidelines for repeat injections. As such, the request for Lumbar caudal injection is not medically necessary.