

Case Number:	CM15-0107057		
Date Assigned:	06/15/2015	Date of Injury:	06/20/1994
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California

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 (IW) is a 50 year old female who sustained an industrial injury on 06/20/1994. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having musculotendinoligamentous sprain of the thoracic spine, musculotendinoligamentous sprain/strain of the lumbar spine, disc bulging lumbar spine, radiculopathy in the lumbar spine. adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, situation post laminectomy syndrome of the lumbar spine, lumbar facet arthropathy, trochanteric bursitis bilaterally, sacroiliac dysfunction, insomnia, and situation post-surgery of the lumbar spine. Treatment to date has included a lumbar spine fusion at L4-5 and a series of epidural steroid injections for control of pain and radiculopathy resulting from nerve root compression. Currently, the injured worker complains of lower back and bilateral hip pain that has increased since her last doctor's visit. The IW rates her pain as an 8/10 and feels it occurs intermittently, frequently increasing to a 9/10. She is taking Bupropion, Lyrica, Prilosec, Tizanide, and Diclofenac, and uses Lidoderm patches and a transcutaneous electrical nerve stimulation (TENS) unit. On examination, she has slowed gait, and no scoliosis, asymmetry or abnormal curvature of the thoracic or lumbar spine. She has tight paravertebral muscles with hypertonicity, spasm, tenderness and a tight muscle band with trigger point and twitch response along with radiating pain on palpation. Tenderness is noted on the same sides on coccyx, posterior iliac spine and sacroiliac joint. There is spinous process tenderness noted on L3-S1. There is no lumbar facet loading. Straight leg raising test is positive on the right side with low back pain and leg pain at

40 degrees on the right and at 60 degrees on the left. No assistive devices were used by the patient. The treatment plan includes ongoing monitoring of random urine toxicology screens, treatment by physical therapist, and a caudal epidural steroid injection (ESI). A request for authorization is made for the following: Caudal ESI for Low Back Pain as Outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI for Low Back Pain As Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the 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 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 research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had received ESI 1 yr. ago. Quantitative improvement was not mentioned. Electro diagnostics 2 yrs ago did not indicate radiculopathy. The request for another ESI is not medically necessary.