

Case Number:	CM15-0012328		
Date Assigned:	01/29/2015	Date of Injury:	07/06/2007
Decision Date:	04/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42-year-old male, who sustained an industrial injury on July 6, 2007. He has reported falling off a ladder. The diagnoses have included status post lumbar fusion with persistent pain, post-operative lumbar radiculopathy, and lumbar facet arthropathy. Treatment to date has included lumbar fusion, hardware removal, radiological imaging, medications, and physical therapy. Currently, the IW complains of low back pain, pain to both legs with numbness and tingling. Current physical findings are tenderness of the lumbar region, decreased range of motion with forward flexion and extension. Straight leg raise test is positive for pain on the right. The records indicate magnetic resonance imaging of the lumbar spine completed on October 23, 2014, reveal signs of the lumbar fusion, no discernible nerve root impingement, with mild right lateral recess stenosis, and a posterolateral disc bulge. On January 6, 2015, Utilization Review non-certified caudal lumbar epidural steroid injection with fluoroscopy and anesthesia based on MTUS Chronic Pain guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of caudal lumbar epidural steroid injection with fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal lumbar epidural steroid injection with fluoroscopy and anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines ESI Page(s): 46.

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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. 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 two ESI injections. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for caudal lumbar epidural steroid injection with fluoroscopy and anesthesia is not medically necessary.