

Case Number:	CM15-0131884		
Date Assigned:	07/20/2015	Date of Injury:	09/13/2012
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 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 (IW) is a 48-year-old female who sustained an industrial injury on 09/13/2012. Diagnoses include displacement of lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; lumbar stenosis; lumbosacral radiculitis; and spondylolisthesis. Treatment to date has included medications, physical therapy (PT), chiropractic therapy, aquatic therapy, epidural steroid injections, acupuncture, donut cushion and home exercise. According to the progress notes dated 6/4/15, the IW reported slight to moderate low back pain aggravated by sitting longer than 30 to 45 minutes. The pain was described as aching, tender, tiring, throbbing and burning. On examination, there was tenderness to the sacral hiatus and the axial lumbosacral spine. Forward flexion of the lumbar spine was fingertips to 12 inches from the floor. The remaining range of motion was within normal limits. Medications were Hydrocodone-APAP and Gabapentin. MRI of the lumbar spine on 5/9/14 showed grade I anterolisthesis at L4-5 and L5-S1; moderate canal stenosis and bilateral exiting nerve root compromise at L4-5; and mild to moderate right neural foraminal narrowing and bilateral exiting nerve root compromise at L5-S1. Electrodiagnostic testing of the bilateral lower extremities on 4/16/14 documented L5 radiculopathy. A request was made for caudal epidural steroid injection quantity requested: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid injection Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 3/11/15, sensory examination was within normal limits. Patellar and achilles deep tendon reflexes were grade 1+ bilaterally. Per progress report dated 1/2015, motor strength was within normal limits. MRI of the lumbar spine dated 5/9/14 revealed at L5-S1 Grade 1 anterolisthesis with accompanying 2- 3mm posterior disc bulge resulting in moderate to severe left and mild to moderate right neural foraminal narrowing. Bilateral exiting nerve root compromise was seen. The above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Furthermore, the documentation submitted indicates that the injured worker was previously treated with epidural steroid injections in the past, however, there was no documentation of at least 50% pain relief or associated reduction in medication use for any duration.