

Case Number:	CM15-0132446		
Date Assigned:	07/20/2015	Date of Injury:	09/28/1992
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old male, who sustained an industrial injury on 9-28-92. The injured worker has complaints of lower lumbar back pain that radiates down the back of his left and right leg. The documentation noted decreased range of motion, tenderness, bony tenderness, pain and spasm. The documentation noted bilateral lumbar paraspinal tenderness and muscle strength throughout bilateral lower extremity is limited by pain. The diagnoses have included lumbar radiculopathy. Treatment to date has included failed back surgery; failed intrathecal pump; status post caudal epidural and home exercise program. The request was for caudal epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant has a remote history of a work injury and is being treated for chronic low back pain with a diagnosis of failed back surgery syndrome. Treatments include an intrathecal opioid pump. He underwent a caudal epidural steroid injection on 04/09/15. The procedure report was provided and the injection was done with fluoroscopy and appropriate medication spread was confirmed with use of contrast. When seen two months later, there had been more than 30% pain relief lasting for 4 days. There was decreased lumbar range of motion with tenderness and spasms. There was decreased lower extremity strength with pain. Another caudal epidural steroid injection was planned. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had only 4 days of partial pain relief of after first injection. There was no apparent deficiency in the procedure that was performed. The same, caudal, approach was being requested. None of the other criteria is met. The requested caudal epidural steroid injection was not medically necessary.