

Case Number:	CM15-0140171		
Date Assigned:	07/30/2015	Date of Injury:	06/01/2007
Decision Date:	08/27/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 patient who sustained an industrial injury on June 01, 2007. The injured worker was employed initially as a licensed vocational nurse and then as a registered nurse and subsequently injured himself while transferring a patient from a gurney to a bed. He felt a "popping" sensation in the lower back. Previous treatment provided included: activity modification, oral analgesics, anti-inflammatory agents, and ultimately surgical intervention of a discectomy at L4-5 in July 2007. Thereafter, the pain persisted and the patient underwent re-vision and partial laminectomy in 2008. The pain persisted and he was referred to a pain specialist who recommended injections. A pain management follow up dated April 03, 2015 reported current complaint of back pain. He states that the Dilaudid helps for only a few hours and brings the pain down to a 5 or 6 from a 10 in intensity. He states that the spinal cord stimulator is helping the leg pains, but not the back pain. The patient is permanent and stationary. There was noted unreceptive discussion regarding facet injections. Current medications are: Dilaudid, OxyContin, Prilosec, Tramadol ER, Flexeril and Ondansetron. He is to follow up in 30-45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudel Epidural Injection with Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Epidural injections-therapeutic.

Decision rationale: MTUS Guidelines do not support repeat epidural injections unless the prior injection(s) provided a significant level of persistent relief (at least 50% pain relief for at least 6 weeks with evidence of diminished use of pain medications. In addition, the ODG Guidelines do not recommend caudal injections for chronic radicular pain and the Guidelines note that epidurals are generally not indicated for post laminectomy (post surgery) syndrome. The prior injections have not provided relief that meets Guideline standards to justify repeat injections, the type of injection is not Guideline supported and the patient selection is not supported by Guidelines. The Caudel Epidural Injection with Fluoroscopy is not supported by Guidelines and is not medically necessary.

Monitored Anesthesia Care (with caudal epidural injection under fluoroscopy): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Epidural Injections Therapeutic.

Decision rationale: The request for monitored anesthesia care (MAC) is directly related to the request for a caudal epidural injection. But for the caudal epidural the MAC services would not be medically necessary. The caudal epidural is not supported by Guidelines and is not medically necessary which leads to the direct conclusion that the Monitored Anesthesia Care (with caudal epidural injection under fluoroscopy) is not supported by Guidelines and is not medically necessary.