MAXIMUS Federal Services

Case Number:	CM15-0163392		
Date Assigned:	08/31/2015	Date of Injury:	09/24/2011
Decision Date:	10/05/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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:

This injured worker is a 54 year old female who reported an industrial injury on 9-24-2011. Her diagnoses, and or impressions, were noted to include: cervicalgia; cervical radiculopathy; lumbago; lumbar radiculopathy; failed back surgery syndrome; myalgias; chronic pain syndrome; and grief, anxiety and depression. No current imaging studies were noted. Her treatments were noted to include a home exercise program, and medication management with toxicology studies. The progress notes of 6-15-2015 reported worsening and continued severe symptoms, despite medications; that Zanaflex made her spasms worse; and that she was not sleeping well. Objective findings were noted to include: appearing uncomfortable and depressed; positive straight leg raise, Patrick's facet loading, and Sprulings tests; decreased sensation to the right lumbar dermatomes; diffuse weakness in the bilateral lower extremities; tenderness over the cervical para-spinal muscles, upper trapezius muscles, scapular border, lumbar para-spinal muscles, sacroiliac joint region, and greater trochanteric bursa; and 18 out of 18 tender points, overall. The physician's requests for treatments were noted to include a re-request for a caudal lumbosacral epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with fluoroscopy at L5-S1, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Additionally, it is unclear what sort of injection is being requested as the current request is for "caudal epidural steroid injection with fluoroscopy at L5-S1." A caudal injection is different than an L5-S1 injection, and it is unclear which of those 2 injections is being requested here. In the absence of clarity regarding those issues, the currently requested Lumbar epidural steroid injection is not medically necessary.