

Case Number:	CM15-0163869		
Date Assigned:	09/01/2015	Date of Injury:	06/08/2013
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 6-8-13. Initial complaint was of low back pain that radiates into both lower extremities. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; degeneration of thoracic and lumbar intervertebral disc; spinal stenosis of the lumbar region; low back pain; enthesopathy of the hip region; degeneration of the intervertebral disc. Treatment to date has included status post laminectomy, decompression fusion-posterior lateral fusion L5-S1 (12-9-13); physical therapy; medications. Diagnostics studies included CT scan lumbar spine with interthecal contrast (2-6-15). Currently, the PR-2 notes dated 2-11-15 indicated the injured worker complains of low back pain post L5-S1 fusion with laminectomy (12-9-13). She reports that over the weekend she twisted and her back pain increased. Her pain is worse on the right and she describes the episode of weakness in both legs. She admits to feeling depressed due to her back pain and the stress of returning to a job position that she is not comfortable doing. Her gait appears normal and examination of her lumbar spine notes tenderness is severe. Her pain is a lumbosacral slightly more to the right than the left. Her pain is diffuse. Palpation of the hips notes tenderness and range of motion notes flexion 20 degrees, extension 10 degrees and pain with motion. Her motor strength is noticeably 5 out of 5 on all planes but neurologically she reveals diminished bilateral knee and ankle reflexes. She has normal sensation throughout. Her straight leg raise seated is positive bilaterally. A CT scan of the lumbar spine with intrathecal contrast was done on 2-6-15 with a conclusion: 1) Mild to moderate central canal stenosis with moderate to severe left lateral recess stenosis and moderate right neural foraminal narrowing at

L4-L5 due to a combination of mild diffuse disc bulge extending 2mm posteriorly in combination with ligamentum laxity posteriorly. 2) Status post L5-S1 bilateral screw and rod fixation with interbody fusion material. There is prior laminectomy on the left L5. There is osteophyte formation extending into left lateral recess with hypertrophy of the posterior facet, resulting in moderate to severe left-handed neural foraminal narrowing. The right neural foramen is severely narrowed due to 2 osteophytes arising from the inferior endplate of L5 in combination with hypertrophy of the right posterior facets which appear fused. 3) Right-sided pedicular screw at L5 extends lateral to the cortex of the vertebral body. The provider's treatment plan includes medication and a request for a caudal epidural steroid injection. The provider is requesting authorization of L5-S1 Epidural steroid injection, Caudal.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural steroid injection, Caudal: Upheld

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

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

Decision rationale: Regarding the request for L5-S1 Epidural steroid injection, Caudal, 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 two 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 recent subjective complaints but not objective examination findings supporting a diagnosis of radiculopathy at L5-S1. Additionally, there is a request for electrodiagnostic studies to corroborate the diagnosis of radiculopathy and those have not been discussed. Finally, there is indication of at least 50% pain relief but not associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. In the absence of such documentation, the currently requested L5-S1 Epidural steroid injection, Caudal is not medically necessary.