

Case Number:	CM15-0180800		
Date Assigned:	09/22/2015	Date of Injury:	05/05/1994
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 64 year old female who sustained an industrial injury on 5-5-94 when her chair broke causing her to fall and land on top of her chair back. Diagnoses included discogenic syndrome, lumbar; muscle spasms; lumbar nerve root injury; gastritis; myofascial pain syndrome. She currently (8-12-15) complains of continued increasing back and left leg pain. Her pain was worse after Duragesic was discontinued. Her activities of daily living are severely limited in that she has difficulty with hygiene; she cannot cook or dress herself, drive or shop. On physical exam of the lumbar spine there was muscle spasms, painful and limited range of motion, straight leg raise with pain bilaterally, trigger points in the quadratus lumborum. Treatments to date include medications: (current) Talwin, Protonix, Robaxin, Prozac, Disalcid, Neurontin, Duragesic (past) Lyrica, Ultram, baclofen, Duragesic; lumbar epidural steroid injection (8-11-15) with 75% relief; multiple spinal surgeries (1994, 1997, 2002); physical therapy. In the progress note dated 8-12-15 the treating provider's plan of care included a request for L4-5 epidural injection and S1 injection. The request for authorization dated 8-28-15 indicated caudal epidural steroid injection with anesthesia and fluoroscopy with a diagnosis of back pain. On 9-4-15 utilization review evaluated and non-certified the request for caudal epidural steroid injection with anesthesia and fluoroscopy to the lumbar spine based on the need for clarification as to the level of the requested epidural steroid injection and the indication to warrant the use of anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injections W Anesthesia and Fluoroscopy Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Chronic Pain, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with continued back and left leg pain. The request is for Caudal Epidural steroid injections w anesthesia and fluoroscopy lumbar spine. The request for authorization is dated 08/28/15. The patient is status post back surgery in the thoracic and lumbar spine with two independent rods. X-ray of the lumbar spine, 05/18/15, shows persistent diffuse reversal of the normal lumbar lordosis centered at the L2-3 level; there are multilevel degenerative changes of the imaged thoracolumbar spine with endplate sclerosis, disc height loss, and anterolateral osteophytosis. MRI of the lumbar spine, 11/27/13, shows postoperative changes with multilevel degenerative changes worst at L5-S1 with moderate central spinal canal stenosis and moderate to severe mass effect on bilateral traversing S1 nerve roots. Physical examination of the lumbar spine reveals reduced range of motion. Straight leg raising to 10 degrees with pain at the low back with radiation down the ipsilateral leg bilaterally. Trigger point in the quadratus lumborum. Muscle spasm in the low back. She had a lumbar epidural injection on 08/11/15, and has 75% relief since the block. Patient's medications include Talwin NX, Protonix, Prozac, Disalcid, and Neurontin. Per progress report dated 05/18/15, the patient is permanently disabled. MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." Per progress report dated 08/12/15, "She has seen [REDACTED] and he has recommended epidural injection, and SI joint injection." In this case, radicular symptom is documented by physical examination finding in patient by positive straight leg raise test. However, provided imaging studies do not show significant evidence to corroborate radiculopathy. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Additionally, prior lumbar ESI was performed on 08/11/15. Although patient had 75% relief since the block, guidelines require pain relief to last at least 6 to 8 weeks in order to proceed with a repeat ESI. The request does not meet guidelines indication for a repeat Epidural Steroid Injection. Therefore, the request is not medically necessary.