

Case Number:	CM15-0184270		
Date Assigned:	09/24/2015	Date of Injury:	03/28/2014
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 male individual who sustained an industrial injury on 3-28-14. The medical records indicate that the injured worker was being treated for cervical, wrist, thoracic, lumbar, sacroiliac, knee sprain-strain; plantar fascial fibromar; stenosing tenosynovitis. He currently (7-7-15) complains of constant right and left wrist pain radiating to the tips of the right thumb index, long, ring and little fingers bilaterally; constant right and left shoulder pain; constant neck pain; constant low back pain; constant bilateral knee pain; constant bilateral ankle pain; intermittent right and left heel pain. His activities of daily living were limited regarding ability to manipulate small items, drive a car, attend to personal hygiene, grip, lift, sit or stand. Per the 7-7-15 note, the injured worker indicated that his pain complaints have been unchanged for an unknown duration. The physical exam of the shoulders noted low back pulling with right and left shoulder motion; there was neck pulling on neck motion; there was low back pulling on low back flexion and right and left lateral bending. Diagnostics included electromyography of the neck and bilateral upper extremities; MRI of the bilateral wrists, bilateral shoulder, neck, mid and low back, bilateral ankles. The MRI of the lumbar spine (4-15-15) revealed L4-5 disc level with minimal dehiscence of the nucleus pulposus with a 2 millimeter midline disc bulge; MRI of the thoracic spine (4-14-15) normal; electromyography-nerve conduction study of the upper extremities showing abnormal results of mild carpal tunnel syndrome. Treatments to date included physical therapy with temporary relief; acupuncture; medications. The request for authorization was not present. On 9-8-15 Utilization Review non-certified the request for Caudal Epidural Injection based on MTUS recommendation and the physical exam finding no neurologic deficits to warrant and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 caudal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress note dated 3/10/15, it was noted that reflexes were 2/2 at the patella and Achilles bilaterally. Sensation was equal and intact. No weakness was noted in any myotomes. The MRI of the lumbar spine dated 4/15/15 revealed L4-5 disc level with minimal dehiscence of the nucleus pulposus with a 2-millimeter midline disc bulge. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria are not met, the request is not medically necessary.