MAXIMUS Federal Services

Case Number:	CM15-0187460		
Date Assigned:	09/29/2015	Date of Injury:	11/02/2012
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 11-2-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post L4-5 and L5-S1 discectomy interbody fusion 1-25-13; medications. Currently, the PR-2 notes dated 9-8-15 indicated the injured worker complains of "symptoms in the low back". The injured worker reports symptoms as constant, aching, dull and sharp; and occasionally the pain radiates to the bilateral lower extremities. The provider documents "The pain radiates more to the right side; patient says at it worse his pain is 10 out of 10. On average the pain is 6 out of 10. Right now he describes his pain as 7 out of 10 on a pain scale of 0-10. Other associated symptoms-problems are as follows: leg numbness, restrictions on the activities, tingling and leg weakness right lower extremity. Due to his increased lower back pain he is requesting lumbar epidural steroid injection. He received his last injection more than 5 years ago and it di provider good relief for more than 3 months. He is also requesting a lumbar support. Patient states that the current pain regimen is providing adequate relief. The patient reported of frequent breakthrough pain. Current medication regimen is helping patient to improve his functional ability. He feels Lyrica is helping reduce the leg pain. He takes 4 tablets of Norco 10mg a day." On physical examination, the provider documents: "Motor strength, lower extremity: The strength of the quadriceps is 5 out of 5 bilaterally. The muscle strength of the tibialis anterior muscle is 5 out of 5 bilaterally. The strength of gastrocnemius muscle 5 out of 5 bilaterally. The muscle strength of the extensor hallicis is 5 out of 5 bilaterally. Palpation of the lumbar paraspinal reveals bilateral pain at L5-S1; anterior lumbar flexion causes pain. There

is pain noted with lumbar extension; antalgic gait; straight leg raising right normal at 90 degrees and left normal at 90 degrees." The provider notes the last epidural steroid injection was in 2010 and he is requesting a caudal epidural steroid injection at this time. A MRI of the lumbar spine dated 11-14-12 impression reveals "Degenerative changes lower lumbar spine resulting in severe L4-5, moderate L5-S1 central spinal stenosis, and prominent subforaminal neural foraminal encroachment. No fracture, subluxation." A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-15-15 and non-certification was for caudal epidural steroid injection. A request for authorization has been received for caudal 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: Upheld

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

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

Decision rationale: The requested caudal epidural steroid injection, is not medically necessary. California s Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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." The treating physician did not document the level of the previous or currently requested epidural injection, nor the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The injured worker has "Motor strength, lower extremity: The strength of the quadriceps is 5 out of 5 bilaterally. The muscle strength of the tibialis anterior muscle is 5 out of 5 bilaterally. The strength of gastrocnemius muscle 5 out of 5 bilaterally. The muscle strength of the extensor hallicis is 5 out of 5 bilaterally. Palpation of the lumbar paraspinal reveals bilateral pain at L5-S1; anterior lumbar flexion causes pain. There is pain noted with lumbar extension; antalgic gait; straight leg raising right normal at 90 degrees and left normal at 90 degrees." The provider notes the last epidural steroid injection was in 2010 and he is requesting a caudal epidural steroid injection at this time. A MRI of the lumbar spine dated 11-14-12 impression reveals "Degenerative changes lower lumbar spine resulting in severe L4-5, moderate L5-S1 central spinal stenosis, and prominent subforaminal neural foraminal encroachment. No fracture, subluxation." The criteria noted above not having been met, caudal epidural steroid injection is not medically necessary.