

Case Number:	CM15-0192097		
Date Assigned:	10/06/2015	Date of Injury:	08/28/2001
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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 60 year old male, who sustained an industrial injury on 8-28-2001. The injured worker is undergoing treatment for status post lumbar fusion, joint pain in shoulder, myofascial pain syndrome and lumbar radiculopathy. Medical records dated 8-31-2015 indicate the injured worker complains of "recurrence of severe pain in his lower back radiating down his left lower extremity, occasionally causing his left leg to go numb." He rates the pain 5-6 out of 10. He reports prior caudal injection provided 60% relief for four months. Physical exam dated 8-31-2015 notes tenderness to palpation of lumbar paraspinal area with spasms, positive twitch, decreased range of motion (ROM) and radiation and hypoesthesia along L-4, L5 and S1. Treatment to date has included caudal epidural steroid injection, Valium, Oxycodone The original utilization review dated 9-14-2015 indicates the request for caudal epidural steroid injection under intravenous (IV) sedation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under IV sedation: 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 patient presents with pain in the lumbar spine radiating to the bilateral lower extremities. The request is for CAUDAL EPIDURAL STEROID INJECTION UNDER IV SEDATION. Physical examination to the lumbar spine on 08/31/15 revealed tenderness to palpation to the lumbar paraspinals, left greater than right, with significant muscle spasms and a positive twitch sign of the back, left greater than right. Range of motion was noted to be limited with pain. Per 09/10/15 Request For Authorization form, patient's diagnosis include status post lumbar fusion, myofascial pain syndrome, and lumbar radiculopathy. Patient's medications, per 04/06/15 progress report include Senokot, Oxycodone, and Valium. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, under Epidural Steroid Injections (ESIs), pages 46 and 47 has the following "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, 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." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In progress report dated 08/31/15, the treater states that the patient had a caudal epidural injection on 03/19/15, which provided greater than 60% pain relief for nearly four months. The pain is now back to the baseline that it was prior to the caudal ESI and the treater is requesting another lumbar epidural steroid injection with the purpose of reducing pain and inflammation, restoring ROM and facilitating progress in more active treatment programs and avoiding surgery. While the treater has documented significant improvement in terms of pain reduction and duration of pain relief, there is no discussion on medication reduction, as requires by the guidelines. Furthermore, no imaging or electrodiagnostics were provided to clearly demonstrate a diagnosis of radiculopathy. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.