

Case Number:	CM15-0192146		
Date Assigned:	10/06/2015	Date of Injury:	12/17/2001
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
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 40 year old female, who sustained an industrial injury on 12-17-01. The injured worker is being treated for status post spinal stimulator explant, left knee pain, sacroiliac joint dysfunction, lumbar radiculopathy, failed back surgery syndrome, cervical radiculopathy, facet arthropathy, occipital neuralgia, myofascial pin syndrome and spinal cord stimulator implant. Treatment to date has included lumbar brace, Toradol injection (states it didn't help much), oral medications including Opana ER 20mg, Opana 5mg, Neurontin 300mg, Dilaudid 4mg, Amrix 15mg and Ativan 0.5mg; lumbar spine fusions (which didn't help the pain), spinal cord stimulator implant, knee surgery and activity modifications. On 8-17-15, the injured worker complains of severe flare up of low back pain while working; she notes the current pain is increased and medication does not help. She states the pain is constant, sharp, dull, aching and throbbing rated 6-10 out of 1. Physical exam performed on 8-17-15 revealed markedly limited cervical spine range of motion, diffuse tenderness of cervical spine with marked tenderness on palpation of the cervical spinous processes in midline and several trigger points involving bilateral paracervical, trapezius and interscapular area, thoracic exam noted severe tenderness over spinous process mid thoracic area and lumbar exam revealed severe tenderness over lumbar area and sacroiliac joint with limited range of motion due to pain and bilateral paracervical and paralumbar spasm. On 8-25-15 a request for authorization was submitted for caudal epidural injection anesthesia with x-ray fluoroscopic guidance. On 8-31-15 request for caudal epidural injection anesthesia with x-ray fluoroscopic guidance was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection, anesthesia with x-ray fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and 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 current request is for a Lumbar Caudal epidural steroid injection, anesthesia with x-ray fluoroscopic guidance. The RFA is dated 08/25/15. Treatment to date has included lumbar surgery, IDET procedure, spinal cord stimulator, LESI (2013) lumbar brace, Toradol injection, physical therapy, and oral medications. The patient is working. The MTUS Guidelines has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "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." Per report 08/17/15, the patient presents with low back pain with bilateral lower extremity pain. She states the pain is constant, sharp, dull, aching and throbbing. Physical exam revealed severe tenderness over lumbar area and sacroiliac joint with limited range of motion due to pain and bilateral paracervical and paralumbar spasm. Straight leg raise is positive bilaterally. There is diffuse weakness of the bilateral lower extremities. The treater recommended a caudal epidural and a lumbar MRI with and without contrast. The UR denied the request for injection, and authorized the requested for an MRI. Progress report continually note "Diagnostics Reviewed: Old Charts reviewed." However, the results of the diagnostic are not discussed. In this case, there are no MRI findings to correspond the patient's subjective complaints. MTUS states that symptom location and examination findings must be corroborated by imaging. Therefore, this request is not medically necessary.