

Case Number:	CM15-0192455		
Date Assigned:	10/06/2015	Date of Injury:	12/31/1998
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
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, 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 56 year old male, who sustained an industrial injury on 12-31-98. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar disc degeneration and lumbar radiculopathy. Medical records (4-7-15 through 8-18-15) indicated 8 out of 10 average pain and 10 out of 10 pain at the worst. The physical exam (4-7-15 through 8-18-15) revealed transfers independently with a single point cane. As of the PR2 dated 9-11-15, the injured worker reports current medication regime continues to be helpful in increasing daily function without causing intolerable side effects. He has pain in the bilateral legs, buttocks, hips, knees, lower back and ankles. He rates his pain in the last month with medications has been 7 out of 10 at best, average 8 out of 10 and 10 out of 10 at worst. Objective findings include transfers independently with a single point cane. Treatment to date has included an intrathecal pain pump, a previous caudal epidural injection (date of service not provided) with 50% increase in function for 8 weeks, Norco, Lidoderm patch, Voltaren gel, Zanaflex, Alprazolam and Zofran. The urine drug screen on 3-17-15 was inconsistent for prescribed medications and positive for marijuana. The treating physician requested a Utilization Review for a caudal epidural injection. The Utilization Review dated 9-29-15, non-certified the request for a caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural 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: 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. Imaging study was not submitted for review. 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 is not met, the request is not medically necessary.