

Case Number:	CM15-0195298		
Date Assigned:	10/09/2015	Date of Injury:	01/15/1999
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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 67 year old female, who sustained an industrial injury on 1-15-1999. The medical records indicate that the injured worker is undergoing treatment for status post lumbar fusion L5-S1, status post anterior-posterior fusion L3-4 and L4-5 (2004), status post removal of hardware and exploration of fusion (2005), grade I spondylolisthesis L2-3, and chronic pain syndrome. According to the progress report dated 8-26-2015, the injured worker presented with complaints of pain, numbness, tingling, and spasms in the low back and down her legs, associated with burning in the right thigh. She rates her pain 6 out of 10, but is reduced to 4 out of 10 with medications. In addition, she reports that in the past few weeks she has been experiencing numbness in her legs, feet, and toes with walking. She also reports a sharp pain that shoots down her leg. The physical examination reveals acute radiculitis in the bilateral legs to the level of the foot as well as numbness on the bottom of the foot. Her symptoms are in the L4 distribution. The current medications are Ibuprofen, Lidoderm patch, Percocet, Norco, and Topamax. Previous diagnostic studies include MRI of the lumbar spine. The MRI from 4-2-2010 shows moderate, stable degenerative disc disease at L2-3 without central spinal stenosis; mild narrowing of the inferior neural foramina at this level, multilevel prominent facet spondylosis, spinal fusion from L3-5 with redemonstration of laminectomies at L3 and L5; extensive fatty atrophy of the erector spinae musculature. Treatments to date include medication management, physical therapy, lumbar facet blocks (10-31-2011 and 7-23-2012), caudal epidural steroid injections (6-4-2012 and 1-12-2015), sacroiliac joint injections (2-16-2015),

spinal cord stimulator, and surgical intervention. Work status is not indicated. The original utilization review (9-21-2015) had non-certified a request for lumbar caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection caudal epidural times one for lumbar spine: 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 was injured on 01/15/99 and presents with low back pain radiating down the legs and burning in the right thigh. The request is for Injection caudal epidural times one for lumbar spine (levels not indicated). There is no RFA provided and the patient's current work status is not provided either. The patient had a prior lumbar caudal ESI on 01/12/15 (levels not indicated). MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "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." The patient has acute radiculitis in the bilateral legs to the level of the foot, numbness on the bottom of the foot, and her symptoms are in the L4 distribution. She is diagnosed with status post lumbar fusion L5-S1, status post anterior-posterior fusion L3-4 and L4-5 (2004), status post removal of hardware and exploration of fusion (2005), grade I spondylolisthesis L2-3, and chronic pain syndrome. The 04/02/10 MRI of the lumbar spine revealed moderate, stable degenerative disc disease at L2-3 without central spinal stenosis; mild narrowing of the inferior neural foramina at this level, multilevel prominent facet spondylosis, spinal fusion from L3-5 with redemonstration of laminectomies at L3 and L5; extensive fatty atrophy of the erector spinae musculature. The patient had a prior lumbar caudal ESI on 01/12/15. However, the treater has not documented a reduction in pain, the duration of pain relief, and a reduction of medication from the prior injection. MTUS Guidelines require documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks, which the treater has not provided. Furthermore, the levels for which this injection to occur at is not mentioned. The requested caudal epidural steroid injection to the lumbar spine IS NOT medically necessary.