

Case Number:	CM15-0199638		
Date Assigned:	10/14/2015	Date of Injury:	06/01/1993
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female, who sustained an industrial injury on 6-1-1993. Diagnoses include mechanical low back pain, bilateral sacroiliitis, status post lumbar fusion, right lower extremity weakness, and myofascial pain syndrome. Treatments to date include activity modification, medication therapy, bilateral sacroiliac joint blocks noted to provide greater than 60% of pain, and epidural steroid injection and trigger point injections noted to decreased pain and increase function. The records indicated a return of low back pain, increasing since May 2015. On 9-1-15, she complained of increasing, ongoing low back pain rated 8 out of 10 VAS. The physical examination documented decreased lumbar spine range of motion with muscle spasm in the right side. There was tenderness over bilateral sacroiliac joint and notches. Faber test, Yeoman test, and Gaenslen's tests were all positive bilaterally. Trigger points were noted, right side greater than left. The plan of care included trigger point injections and a caudal epidural steroid injection. The appeal requested authorization for one caudal epidural steroid injection. The Utilization Review dated 9-21-15, denied the request.

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: Regarding the request for Caudal Epidural Steroid Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are recent subjective complaints but not objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested Caudal Epidural Steroid Injection is not medically necessary.