

Case Number:	CM15-0205236		
Date Assigned:	10/22/2015	Date of Injury:	04/25/2014
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 53 year old male who sustained an industrial injury on 04-25-2014. Medical records indicated the worker was treated for post laminectomy syndrome lumbar, thoracic-lumbar neuritis-radiculitis, chronic pain syndrome, and opioid type dependence continuous. In the provider notes of 09-09-2015, the worker has low back, hip and knee pain that is rated a 5 and at worst at an 8. The pain is characterized as throbbing, intermittent and non-radiating. It is increased by activity and decreased by medication. Oral medications include Cymbalta, Celebrex, Zanaflex, Dilaudid and Norco. His physical exam shows decreased range of motion in all planes of the lumbar spine. He is tender to palpation over the lumbar spine and has spasm and a positive straight leg raise. MRI on 03-31-15 shows multilevel disc protrusions and bilateral neural foraminal narrowing from L2-L5. In provider notes of 05-12-2015, the worker is status post caudal epidural steroid (CESI) and notes that it helped about 35%. He continued to have some residual pain but at that time deferred any further injection options. The pain was rated at least an 8 and at worst a 6. The pain was unchanged in characterization and location. A request for authorization was submitted for a Caudal Epidural Steroid Injection. A utilization review decision 09-29-2015 non-certified 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 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. As such, the currently requested Caudal Epidural Steroid Injection is not medically necessary.