MAXIMUS Federal Services

Case Number:	CM15-0207955		
Date Assigned:	10/26/2015	Date of Injury:	12/05/2011
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational 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 51 year old female with a date of injury on 12-05-2011. The injured worker is undergoing treatment for chronic lower back pain with radiculopathy L5-S1-7.1mm disc herniation, and bilateral knee pain status post multiple knee procedures-scheduled for a total knee replacement this month. Comorbidities include diabetes and hypertension. A physician progress note dated 09-25-2015 documents the injured worker complains of low back pain and knee pain. The pain is constant, aching, numbing and nagging. The pain is rated 10 out of 10 at its worst and 5 out of 10 at its best. On this visit the pain is rated 7 out of 10. The injured worker received an epidural steroid injection on 08-20-2015 with no relief. Palpation of the lumbar facets reveals pain on both side at L3-S1 region and pain over the lumbar intervertebral spaces on palpation. Lumbar range of motion is restricted and painful. Straight leg raise is positive bilaterally. She is not working. Treatment to date has included diagnostic studies, medications, right knee arthroscopy x 1, left knee arthroscopy x 2, and injections. A MRI of the lumbar spine done in June of 2015 revealed 7.1mm disc herniation at L5-S1. Current medications include Ultram, Prilosec, Ambien, Zanaflex, Estradiol, Prenzide, Atenolol, Metformin, Prilosec, Atorvastatin and Cymbalta. On 10-12-2015 Utilization Review non-certified the request for Caudal epidural steroid injection.

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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Epidural Injections.

Decision rationale: MTUS Guidelines do not support repeat epidural injections if the initial injection was not beneficial. A caudal epidural is requested as the prior epidural was transforaminal or interlaminal. MTUS Guidelines do not provide support for caudal epidurals and there is no MTUS Guidelines that support this request. ODG Guidelines provide additional details noting that epidural effectiveness diminishes for chronic pain (this is greater than 4 years for this individual) and the Guidelines point out that each injection increases the future risk of spinal fractures by 21%. In addition, this individual has poorly controlled diabetes. Under these circumstances, the request for the 2nd epidural utilizing the caudal technique is not supported by Guidelines and is not medically necessary.