MAXIMUS Federal Services

Case Number:	CM15-0208547		
Date Assigned:	10/27/2015	Date of Injury:	08/14/2001
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
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, 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 60 year old male, who sustained an industrial injury on 8-14-01. The injured worker was diagnosed as having thoracic-lumbar neuritis-radiculitis; postlaminectomy syndrome -lumbar; lumbar spinal stenosis without neurogenic; lumbar spondylosis. Treatment to date has included caudal epidural steroid injection (4-11-14); medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker complains of back pain, low back pain and hip pain. The provider notes “The patient's pain is rated on average a 7. Pain is rated at least a 5 and at worst a 7. The pain is characterized as sharp; constant and radiating and increased by lying down, lifting and too much activity. It is decreased with medication.” The injured worker is in the office on this date as a follow-up visit from 7-7-15. He is requesting refills of medications on this date. The provider notes a request for a CT was denied. The patient complains of persistent pain in the low back and right leg. He recalls the epidural injection resulted in considerable pain relief and inquires about a repeat injection. On physical examination of the lumbar spine, the provider notes decreased range of motion in all planes, positive tender to palpation throughout the back, positive for spasms and positive bilateral straight leg raise. Bilateral lumbar radicular signs are also noted. The provider is requesting a therapeutic caudal block in the office. And back brace. He notes that the previous injection of 4-11-14 helped with greater than 60% relief. The injured worker is prescribed Percocet, Tramadol and Lidoderm 5% patches for pain management. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 9-22-15 and non-certification for Caudal epidural steroid injection. A request for authorization has been received 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).

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.Per physical exam dated 10/20/15, bilateral ankle dorsiflexion weakness -4/5, and bilateral plantar flexion weakness -4/5 was noted.Per progress report dated 3/20/15, decreased sensation was noted along the bilateral L5/S1 dermatome. The injured worker had difficulty with 2-point discrimination. However, the documentation does not contain imaging study corroborating radiculopathy. It is noted that previous injection dated 4/11/14 helped greater than 60%, however there is no documentation regarding this injection or the duration of relief available for review. Absent this documentation, medical necessity cannot be affirmed and the request is not medically necessary.