

Case Number:	CM15-0209954		
Date Assigned:	10/28/2015	Date of Injury:	06/28/2003
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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 65 year old male, who sustained an industrial injury on June 28, 2003, incurring low back injuries. He had increased lower back pain since 2000. He complained of increased left leg pain noting that he was unable to get out of bed on June 28, 2003. A lumbar Magnetic Resonance Imaging revealed lumbar disc disease with bulging and displacement of the lumbar spinal nerve. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included epidural steroid injection and physical therapy without any improvement. In September, 2004, the injured worker underwent a lumbar fusion. He continued to have constant bilateral leg pain with numbness and tingling. Other treatment included pain medications, proton pump inhibitor, anti-inflammatory drugs, topical analgesic gel, aqua therapy, and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the left lower extremity. He rated his pain 8 out of 10 on a pain scale from 0 to 10. He ambulated with a cane and had restricted range of motion. The treatment plan that was requested for authorization included one lumbar caudal epidural steroid injection with monitored anesthesia. On October 20, 2015, a request for a lumbar caudal epidural steroid injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L5 caudal epidural steroid injection to include monitored anesthesia care: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADL's and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, the patient is s/p lumbar fusion with previous epidural injections without noted functional improvement or newly identified pathological lesion noted. The One L5 caudal epidural steroid injection to include monitored anesthesia care is not medically necessary and appropriate.