

Case Number:	CM15-0022746		
Date Assigned:	02/12/2015	Date of Injury:	06/14/2012
Decision Date:	03/26/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old man sustained an industrial injury on 6/14/2012 after being struck in a motor vehicle accident. Current diagnoses include lumbar radiculopathy, low back pain, and cervcial pain. Treatment has included oral medications, physical therapy, home exercise program, stretching, transforaminal epidural steroid injections, epidural steroid injections, surgical intervention, and lifestyle modifications. Physician notes dated 1/28/2015 show unchanged pain levels rated 7/10 with medications. Recommendations include caudal epidural for radicular pain and refilling of medications. On 2/5/2015, Utilization Review evaluated a prescription for caudal epidural with catheter, that was submitted on 2/6/2015. The UR physician noted that it was unclear as to why the provider is requesting this approach despite positive radicular symptoms. Further, there is no documentenation of significant functional or analgesic benefit from the past injections. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was deneid and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural with catheter QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Medscape; Epidural Nerve Block Author: Jasvinder Chawla, MD, MBA; Chief Editor: Erik D Schraga, MD

Decision rationale: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this instance, the injured worker only had temporary relief from a left sided epidural steroid injection at L5-S1 in 2012. He presents now with new onset right sided radiculopathy and physical exam findings consistent with bilateral L5 radiculopathy. Because this is a new finding, an epidural steroid injection is entirely consistent with the guidelines. A caudal approach with a catheter is recommended when there has been previous back surgery, as there has in this case.