

Case Number:	CM15-0215906		
Date Assigned:	11/05/2015	Date of Injury:	12/31/1998
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/02/2015

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: Colorado

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 12-31-1998. Diagnoses include lumbar back pain with radiculopathy, degeneration disc disease, postlaminectomy syndrome, status post lumbar fusion. Treatments to date include activity modification, medication therapy, and insertion of intrathecal pump. It was documented on 8-11-15, a previous caudal epidural steroid injection provided 50% reduced pain and increased functional ability for 8 weeks and allowed for decreasing Norco medication. Patient complained of low back pain, and ongoing pain in bilateral legs, buttocks, hips, knees, and ankles-feet. The physical examination documented decreased range of motion of the hips with crepitus. There was bilaterally positive straight leg raise tests and bilateral radicular symptoms noted. On 9-11-15, he complained of ongoing pain in bilateral legs, buttocks, hips, knees, low back, ankles-feet and groin. There was notation of increased pain and spasticity. The physical examination documented no abnormal findings. The plan of care included caudal epidural steroid injection. The appeal requested authorization for a caudal epidural steroid injection. The Utilization Review dated 10-30-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural 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 Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended "series of 3." Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long-term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Criteria for Use of Epidural Steroid Injection: 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. For the patient of concern, the records do indicate that patient has radicular findings on examination, but the records supplied do not indicate recent imaging that supports possible radiculopathy. The records do not indicate that patient has failed all conservative therapies, including physical therapy. The requested procedure also does not specify the levels to be injected, so unclear if more than 2 root levels planned for injection. As patient has not failed all conservative therapies, has no updated supportive imaging, and as the levels to be injected are not specified, patient does not meet criteria for epidural steroid injection, and the request for caudal epidural injection is not medically necessary.