

Case Number:	CM15-0047331		
Date Assigned:	03/19/2015	Date of Injury:	09/11/2006
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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 52-year-old male, who sustained an industrial injury on 9/11/06. He reported as a result of an industrial injury he has low back, neck and left shoulder pain. The injured worker was diagnosed as having herniated lumbar disc; lumbar radiculitis; lumbar facet syndrome. Treatment to date has included EMG/NCS lower extremities normal (1/13/14); MRI Lumbar spine (11/16/13); MRI right knee with arthrogram (11/16/14); MRI cervical spine flex-ext with and without contrast (11/17/14); status post right knee surgery (6/14/07); cervical discectomy C6-7 fusion surgery (12/15/08); status post posterior decompression C6-7 fusion with instrumentation (11/8/10); Percutaneous epidural decompression neuroplasty of the lumbosacral nerves with lumbar facet blocks L4-5 and L5-S1 (12/17/14, 1/7/15 and 1/21/15 at L3-4); Left shoulder injection/mobilization (1/21/15); acupuncture; chiropractic care; TENS unit; medications. Currently, per PR-2 dated 12/4/14 the injured worker complains of neck and low back pain. Provider notes a cervical and lumbar fusion in the past. Most recent as of 12/17/14, 1/7/15 and 1/21/15, the injured worker has had percutaneous epidural decompression neuroplasty of the lumbosacral nerves with lumbar facet blocks L3-4, L4-5 and L5-S1. The procedure notes do not describe benefit from any of the procedures. The provider is requesting Steroid/anesthetic injection: caudal epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid/anesthetic injection: caudal epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 8-9/10, neck pain radiating to upper extremities rated at 8-9/10, and left shoulder pain radiating to left upper extremity rated at 6-7/10. The request is for STEROID / ANESTHETIC INJECTION: CAUDAL EPIDURAL STEROID AT L5-S1. The request for authorization is not provided. The patient is status-post lumbar fusion, date unspecified. Per progress report dated, 12/04/14, MRI of the lumbar spine revealed degenerative disc disease at L3-L4, L4-L5, and L5-S1 levels, actual study is not provided. Per QME report dated, 1/11/14, MRI of the lumbar spine, date unspecified, shows 4mm disc bulges at L4-5 and L5-S1 and moderate bilateral foraminal stenosis at L4-5. EMG/NCS of the lower extremities, 01/13/14, is normal. The patient underwent a percutaneous epidural decompression neuroplasty and medial branch block on 12/17/14, 01/07/15 and 01/21/15. Straight leg raising test is positive bilaterally. No weakness is experienced in the involved extremities. Patient's treatments include hot/cold packs, acupuncture, shockwave therapy, massage, traction, ultrasound, exercise, TENS unit, chiropractic manipulations and myofascial release. Patient's current medications include Percocet, Soma and Oxycodone. The patient is returned to modified work. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated, 12/04/14, treater's reason for the request is it "would help the patient largely with relief of the radicular component of pain." In this case, radiculopathy is documented by physical examination in patient by positive straight leg raise test in progress report dated, 12/04/14. Additionally, MRI of the lumbar spine, shows 4mm disc bulges and moderate bilateral foraminal stenosis. However, per operative report dated, 12/17/14, 01/07/15 and 01/21/15, patient underwent epidural injections. However, the treater does not provide any documentation or discussion regarding the procedures and how the patient did. MTUS requires for repeat injections, documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Therefore, given the lack of documentation, the request IS NOT medically necessary.