

Case Number:	CM15-0048059		
Date Assigned:	03/20/2015	Date of Injury:	10/31/1995
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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 46-year-old male, who sustained an industrial injury on 10/31/1995. The injured worker is currently diagnosed as having lumbar post laminectomy, lumbosacral degenerative disc disease, cervical post laminectomy syndrome, cervical degenerative disc disease, and cervical radiculitis. Treatment to date has included cervical and lumbar surgeries, psychotherapy, epidural steroid injections, facet blocks, radiofrequency ablation, acupuncture, physical therapy, massage therapy, home exercise program, and medications. In a progress note dated 02/19/2015, the injured worker presented with complaints of neck and low back pain. The treating physician reported that regarding his low back, lumbar epidural steroid injections have provided near total relief of his low back and leg pains lasting approximately six months and has had a total of 5 injections over the years. The physician is requesting authorization for a caudal versus lumbar epidural steroid injection due to presumed prior laminectomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal versus Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

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

Decision rationale: Based on the 2/19/15 progress report provided by the treating physician, this patient presents with stable neck and low back pain but with ups and downs especially related to stress. The treater has asked for CAUDAL VERSUS LUMBAR EPIDURAL STEROID INJECTION on 2/19/15 due to resume prior laminectomies. The patient's diagnoses per Request for Authorization form dated 2/19/15 are lumbosacral disc degeneration, cervical post-laminectomy syndrome, cervical DDD, cervical radiculitis, and encounter for long term use of other medications. The patient has had 5 lumbar ESI's over the years, dates and levels of injection unspecified, which provided near total relief of his low back and leg pain lasting approximately 6 months per 2/19/15 report. The patient has had significant benefit from spine injections and massage, and benefit lasts several months as per 2/19/15 report. The patient is s/p previous lumbar surgeries, which include L4-S1 fusion and L3-4 Prodisc L TDR on 3/16/10. The patient's work status is currently Permanent and Stationery. 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." The records do indicate that the patient has had numerous ESI's in the past but 50% or more reduction of pain lasting 6-8 weeks along with medication reduction/functional improvements are not well documented. More importantly, a diagnosis of radiculopathy is not clearly documented with dermatomal distribution of radicular pain with corroborating exam and imaging studies. The patient has had fusion from L4-S1 but no new nerve root lesions are described. The request IS NOT medically necessary.