

Case Number:	CM15-0050140		
Date Assigned:	04/08/2015	Date of Injury:	09/10/1996
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 71-year-old male, with a reported date of injury of 09/10/1996. The diagnoses include lumbar spine degenerative disc disease. Treatments to date have included oral medications, topical pain medication, and an x-ray of the lumbar spine. The medical report dated 02/05/2015 indicates that the injured worker complained low back pain. It was noted that the injured worker was doing poor, and the pain continued to increase and radiated to the left leg. The objective findings include tenderness at L4 and L5, paraspinal spasm over the right and left lumbar spine, trigger points at L4 and L5, reduced lumbar range of motion, a normal sensory examination, and normal motor examination. The treating physician requested caudal epidural under ultrasound guidance since other conservative measures did not provide lasting relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Under Ultrasound Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter

'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The 71 year old patient complains of increasing low back pain radiating to the left leg, as per progress report dated 02/05/15. The request is for Caudal Epidural under Ultrasound Guidance. There is no RFA for this case, and the patient's date of injury is 09/10/96. Diagnoses, as per progress report dated 02/23/15, included lumbar degenerative joint disease and degenerative disc disease, L2-3 degenerative joint disease and degenerative disc disease with extruded disc, and GERD. The patient is retired, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the progress reports do not document prior caudal ESI. In the report dated 02/05/15, the treating physician states that the patient has low back pain radiating to the left leg. The physician is recommending epidural injections "for lasting relief since previous conservative measures failing". However, there is no documented evidence of radiculopathy during physical examination and no corroborating imaging or electrodiagnostic studies are available for review. Hence, the request is not medically necessary.