

Case Number:	CM15-0080719		
Date Assigned:	05/01/2015	Date of Injury:	02/14/2003
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 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 57-year-old female who sustained an industrial injury on 02/14/2003. Current diagnoses include pain disorder with both psychological factors and an orthopedic condition, extremity pain, sacroiliac pain right, shoulder pain, spinal/lumbar degenerative disc disease, low back pain, spasm of muscle, and radiculopathy. Previous treatments included medication management, spine surgeries, knee brace, psychological evaluation, epidural steroid injections. Previous diagnostic studies include x-rays, left shoulder MRI, left knee MRI, and CT of the lumbar spine. Report dated 03/23/2015 noted that the injured worker presented with complaints that included lower backache and bilateral lower extremity pain. Pain level was 5 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included requests for caudal epidural injection with catheter, wheelchair, home aid, referral to a pain management psychologist, discussion regarding opioids and urine toxicology screen findings, and prescriptions were given. Disputed treatments include caudal epidural with catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural with catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injection Page(s): 47.

Decision rationale: According to the guidelines, the 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 case, the claimant had prior ESI at another facility. The timing of the prior injections and length/pct relief was not noted. CT scan was consistent with prior fusion and decompression of the lumbar spine. There is no mention of worsening nerve root compromise. The request for additional caudal ESI is therefore not medically necessary.