

Case Number:	CM15-0089860		
Date Assigned:	05/14/2015	Date of Injury:	07/06/2007
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina
 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 43 year old male, who sustained an industrial injury on July 6, 2007. He reported low back pain with lower extremity radiculitis. The injured worker was diagnosed as having status post lumbar fusion with persistent pain, status post hardware removal with subsequent wound infection and pulmonary embolism, post-operative bilateral lumbar radiculopathy, scar allodynia at the abdominal incision, lumbar 4-lumbar 5 mild right lateral recess stenosis and lumbar 4-5 facet arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain with pain, tingling and numbness in the bilateral lower extremities. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Magnetic resonance imaging of the lumbar spine on October 23, 2014, revealed no discernable residual or recurrent anatomical capacity for nerve root impingement, no arachnoiditis, mild stenosis, bulging disc and otherwise negative findings. Evaluation on November 6, 2014, revealed low back pain with bilateral lower extremity radicular symptoms. He noted his pain was 8/10 on a 1-10 scale with 10 being the worse, while on medications and a 9/10 with no medications. A pain management consultation and possible lumbar epidural steroid injection was recommended. Evaluation on February 23, 2015, revealed continued pain. Caudle epidural steroid injection with anesthesia was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia with the Caudal Lumbar Epidural Steroid Injection with Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies. Therefore the request does not meet all criteria as outlined above and is not medically necessary.