MAXIMUS Federal Services

Case Number:	CM15-0236659		
Date Assigned:	12/14/2015	Date of Injury:	03/10/2010
Decision Date:	01/20/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/03/2015

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:

This is a 60 year old female who sustained a work-related injury on 3-10-10. Medical record documentation on 6-9-15 revealed the injured worker was being treated for chronic right L5 radiculopathy and L4-5 disc bulge with disc degeneration. She reported ongoing difficulty with pain in her neck, low back and bilateral lower extremities. She continued to experience numbness and tingling in her legs. The injured worker rated her pain a 10 on a 10-point scale (8 on 5-12-15) and noted that it reduced to a 7 on a 10-point scale with medications (4 on 5-12-15). With her medications she was able to maintain her current level of function. The evaluating physician noted that the injured worker began to experience relief within 2 hours of taking the medication with relief lasting approximately 8 hours. Her lowest pain level was 5 on a 10-point scale and her highest pain level was 8 on a 10-point scale. Objective findings included guarding and slowed movements of the lumbar spine with limited range of motion. She had a dyskinetic recovery from a forward flexed posture and had diffuse tenderness to palpation over the lumbosacral junction. The injured worker had difficulty changing positions and trouble with balance when rising from a seated position. She had sensory deficits in the L5 distribution. Previous therapy included physical therapy, acupuncture, injections, surgery, and multiple medications. A magnetic resonance imaging (MRI) of the lumbar spine on 7-15-13 revealed lumbar spondylosis L2-L3 through L5-S1; postsurgical changes at L4-5 with partial right L5 hemilaminotomy with epidural scarring; and severe narrowing of the left L4-L5 neural foramen. A request for caudal epidural injection times 1 was received on 11-4-15. On 11-18-15, the Utilization Review physician determined caudal epidural injection times 1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection x1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain, and pain in bilateral lower extremities with numbness/tingling in legs, rated 10/10 without medications and 7/10 with medications. The treater has asked for CAUDAL EPIDURAL INJECTION X1 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that with her current medication regimen, she is able to maintain her level of function and tolerate activity more easily per 6/9/15 report. The patient is currently using Nucynta, Lidoderm patches, and Cymbalta per 6/9/15 report. The patient describes her pain as burning, aching, tingling with numbness/weakness, hypersensitivity, and spasms per 6/9/15 report. The patient has had increasing neuropathic symptoms in the left leg similar to the right per 5/12/15 report. The patient continues to have loss of bladder control and has not seen a urologist per 5/12/15 report. The patient has tried and failed physical therapy, acupuncture, injections, surgery (unspecified), and multiple medications per 5/12/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Epidural Steroid Injections section, page 46 states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support"series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections." 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 treater does not discuss this request in the reports provided. Per 6/9/15 report, the patient presents with low back pain with bilateral lower extremity pain. She states the pain is associated with numbness/tingling/weakness of the lower extremities. Physical exam revealed limited range of motion of the lumbar spine, dyskinetic recovery from forward flexed posture, diffuse tenderness to palpation of the lumbosacral junction, and sensory deficits in the L5 distribution. There is right lower extremity L5 radiculopathy from a electrodiagnostic studies from March 2011 per 2/25/15 report. A lumbar MRI dated 7/15/13 showed "L4-5 disc shows moderate narrowing. Adjacent vertebral body endplates show reactive changes. Prominent anterior osteophytes are seen. Posteriorly, there is 5mm osteophyte disc complex, more prominent laterally. Thecal sac measures 10mm AP. Degenerative changes are seen in the facet joint. There is severe narrowing of left L4-L5 neural foramen. Right neural foramen shows narrowing of interior recess. There is enhancing epidural scarring surrounding the thecal sac." In

this case, the patient has had 2 prior epidural steroid injections of unspecified levels in 2011. Utilization review letter dated 11/18/15 denies the request due to lack of documentation of prior epidural steroid injections in 2011 and because the lumbar MRI is 2 years old. However, there is documentation of subjective pain in the low back with numbness/tingling in the legs, physical exam showing L5 sensory deficits, and a lumbar MRI showing nerve root dysfunction at L4-5. The requested caudal epidural steroid injection appears reasonable and the treater has provided sufficient documentation. Therefore, this request IS medically necessary.