

Case Number:	CM14-0115250		
Date Assigned:	09/19/2014	Date of Injury:	01/17/2004
Decision Date:	10/17/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male patient who reported an industrial injury on to the back over 10 years ago, 1/17/2004, attributed to the performance of his usual and customary job tasks as a firefighter. The patient reported ongoing low back pain; however, there were no documented changes in the clinical status of the patient. The patient was using an H-wave muscle stimulator. The objective findings on examination included right mid lateral calf and right lateral ankle sensory changes. The patient was documented to have received prior surgical intervention to the lumbar spine. The request was made for a caudal epidural steroid injection to the lumbar spine without specificity to the actual lumbar spine level. The patient was prescribed Vicodin and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back epidural steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI

Decision rationale: The criteria for documentation required by the California MTUS for the provision of a lumbar epidural steroid injection (ESI) were not met by the requesting provider. The patient does not meet the California MTUS criteria for a lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies. There is no impending surgical intervention. The patient is being treated for chronic low back pain attributed to lumbar spine degenerative disc disease and is status post surgical intervention to the lumbar spine. The patient is documented to have had a rehabilitation effort along with physical therapy; however, the last office visit documented reported neurological deficits along a dermatomal distribution to the bilateral lower extremities; however, there was no corroboration with electrodiagnostic or imaging studies. The prior MRI of the lumbar spine was many years old with no documented progressive changes in neurological status. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies, with a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program (HEP) for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended "if the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for a lumbar spine ESI for the reported chronic pain issues. The request for a lumbar spine ESI is not demonstrated to be medically necessary.