

Case Number:	CM14-0163249		
Date Assigned:	10/08/2014	Date of Injury:	04/16/2008
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59 year old male with complaints of low back pain, neck pain, shoulder pain and left leg pain. The date of injury is 4/16/08 and the mechanism of injury is not elicited. At the time of request for Lumbar spine caudal epidural steroid injection, there is subjective (low back pain, left lower extremity pain) and objective (restricted range of motion lumbar spine with pain on flexion/extension, tenderness to palpation lumbar spine, positive provocative pain on straight leg raise maneuver left side to lumbar and left buttock, decreased sensory medial thigh on the left side) findings, imaging findings (MRI lumbar spine shows severe stenosis L1-2,L2-3 with severe foraminal stenosis L3-4 thru L5-S1 evidence of prior laminectomy), diagnoses (lumbar degenerative disc disease, lumbar radiculopathy, lumbar disc displacement, lumbar stenosis), and treatment to date (surgery L4-5,L5-S1 discectomies/laminectomy, medications, physical therapy, chiropractic care). Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using Transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine caudal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, Epidural steroid injections are indicated if several criteria are met: 1. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. 2. Failure of conservative treatment 3. Epidural injection should be performed using fluoroscopy 3. A second epidural injection should not be done if the first block did not lead to significant reduction in pain 4. No more than 2 nerve root levels should be injected using Transforaminal blocks 5. No more than one intra-laminar level should be injected at one session 6. Repeat therapeutic blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief as well as documented attempts of medication reduction. This patient has clinical findings of L5, S1 radiculopathy/radicular pain. Therefore, the request for caudal epidural steroid injection is appropriate and medically necessary.