

Case Number:	CM14-0180305		
Date Assigned:	11/04/2014	Date of Injury:	01/09/2003
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 New Jersey. 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:

The worker is a 51 year old male who was injured on 1/9/2003. He was diagnosed with low back pain with radiculopathy. He was treated with surgery (lumbar, cervical), nerve branch blocks, and medications. MRI of the lumbar spine from 5/13/13 (most recent) showed fused L4-L5 and L5-S1, early disc desiccation at L2-3 and L3-4, and diffuse disc protrusion with effacement of the thecal sac at L2-3. L4, and L5 exiting nerve roots were unremarkable. The worker was seen by his pain management physician complaining of his chronic neck and back pain rated at 9-10/10 on the pain scale, and with his medications down to 8-9/10 on the pain scale. His medications were not listed in the progress note, however it was implied that he was currently taking Gabapentin, Norco Amitriptyline, Cyclobenzaprine, and Soma. Physical examination findings included paravertebral muscle spasm and tenderness in lumbar region, positive straight leg raise test, and decreased sensation to light touch over left L4, L5, and S1 dermatomes. He was then recommended a lumbar epidural injection, Baclofen, Butrans patch, and continue his Amitriptyline, Gabapentin, and Norco, but stop his Soma and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI Under Fluoroscopic Guidance x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): page 46.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, the most recent lumbar MRI study from 5/13/13 only showed effacement of thecal sac at the L2-3 level. Physical examination findings at the time of the request showed decreased sensation at L4, L5, and S1 dermatomes. As these two objective findings do not corroborate, either a repeat MRI to clarify the physical examination findings or repeat of physical examination with a second opinion perhaps (neurologist) would be appropriate at this point before considering an epidural injection in the caudal region, and is therefore medically unnecessary.