

Case Number:	CM14-0180378		
Date Assigned:	11/05/2014	Date of Injury:	12/03/2006
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
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 56 year old female who was injured on 12/3/2006 involving her lower back. She was diagnosed with neuropathy, lumbosacral neuritis, lumbago, lumbosacral disc degeneration, spondylolisthesis, and lumbar spinal stenosis. She was treated with surgery (lumbar fusion) and various medications. On 9/26/14, 7 months after her lumbar surgery, the worker was seen by her primary treating physician complaining of low back pain, numbness below the knees, and "sciatica" into the left leg worse after leaning forward to pick up her purse. She also reported pain over the iliac bolts. She was taking Norco for her pain, but had been referred to a specialist for consultation and EMG/NCV testing, which had not yet been completed. Physical findings included non-antalgic gait, tenderness at iliac crest, decreased deep tendon reflexes at patella and Achilles bilaterally. She was then recommended to see a specialist for a caudal epidural steroid injection, which was then requested for approval. She was also recommended to take Percocet in place of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with physician for caudal epidural injection: Upheld

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 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, her subjective complaints indicated likely lumbar radiculopathy, however, there was some inconclusive physical objective findings from the last office visit suggesting possible radiculopathy. Also, there was not yet any electrodiagnostic testing completed at the time, although it was intended to be completed soon after the request. Therefore, without MRI or electrodiagnostic testing to confirm the diagnosis and source of her symptoms, the epidural injection would be premature at the time of this request, and will be considered medically unnecessary.