

Case Number:	CM14-0093230		
Date Assigned:	08/01/2014	Date of Injury:	06/16/1991
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management and is licensed to practice in Tennessee. 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 55-year-old male with a 6/16/91 date of injury. The exact mechanism of injury was not described. On 6/4/14, the patient presented distressed, sweating, and shaking and concerned that his medications have been continually altered. Objective examination shows the patient is alert and oriented. Lumbar spine exam shows decreased ROM with muscle spasm. Neurological exam is unchanged. Gait is antalgic with a cane. Diagnostic Impression: Reflex Sympathetic Dystrophy, chronic L5 and S1 radiculopathy. Treatment to date: Multiple back surgeries, medication management. A UR decision dated 6/12/14 denied the request for a caudal ESI based on the fact that there is no physical examination provided for review, no evidence of imaging studies or radiculopathy. The patient has received previous injections, no documentation of functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Fluoroscopically guided caudal epidural steroid injection under fluoroscopy supervision and interpellation epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no documentation of subjective or objective radiculopathy. There is no comprehensive neurological exam documented. An official lumbar MRI report is not provided for review. There is no documentation of the patient's response to prior ESIs. Caudal approaches are not recommended for chronic radiculopathies, and this patient has a 1991 date of injury. Therefore, the request for Therapeutic Fluoroscopically Guided Caudal Epidural Steroid Injection under fluoroscopy supervision and interpellation epidurogram is not medically necessary.