

Case Number:	CM14-0090685		
Date Assigned:	07/23/2014	Date of Injury:	08/13/1997
Decision Date:	01/09/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 Florida and Texas. 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 patient is a 72 year old female who was injured on 8/13/1997. The diagnoses are Spinal stenosis, lumbar radiculopathy, fibromyalgia, rotator cuff syndrome, There are associated diagnoses of chronic fatigue, sleep disorder, The MRI of the lumbar spine showed severe multilevel facet arthropathy, bilateral foraminal stenosis at L4-5 and L5-S1. The MRI of the cervical spine showed multilevel degenerative disc disease, spinal stenosis and foraminal narrowing. The medications are Lyrica, Naprelan, Norco and Tizanidine for pain, zolpidem for sleep and Cymbalta for depression. On 5/6/2014, [REDACTED] did not document subjective or objective findings before the caudal epidural steroid injection procedure was performed. On 5/5/2014, the pain score was noted to be 8/10 of a scale of 0 to 10. The pain was severe at night in the left lower extremity. The straight leg raising was reported to be negative. There was no reported positive finding of radiculopathy. On 5/13/2014, it was documented that the pain score decreased to 5/10 following the first caudal injection. The patient was noted report 80% pain relief. There was no documentation of functional improvement, decreased medication utilization or completed physical examination. A second caudal injection was performed. The documentation for the caudal epidural procedures did not indicate the medications that was injected into the epidural space. A Utilization Review determination was rendered on 5/22/2014 recommending non certification for retrospective DOS 5/6/2014 ultrasound guided caudal epidural injection, second and third of a series of 3 caudal epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 5/6/14)First caudal block with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records did not show documentation of subjective, objective and radiological findings consistent with lumbar radiculopathy. There was no documentation of neurological deficit or radiculopathy of discogenic origin. The records showed that the patient reported pain relief and improved ADL with the use of medications. The criteria for caudal epidural steroid injection retrospective DOS 5/6/2014 was not met.

2nd and 3rd injections in "Series of 3": Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records did not show documentation of subjective, objective and radiological findings consistent with lumbar radiculopathy. There was no documentation of neurological deficit or radiculopathy of discogenic origin. The records showed that the patient reported pain relief and improved ADL with the use of medications. The record did not show significant sustained pain relief with reduction in medication utilization and improved ADL of more than 8 weeks duration before a second or third caudal injection can provide added beneficial effects. The criteria for second and third caudal epidural steroid injection have not been met.