

Case Number:	CM15-0010913		
Date Assigned:	01/28/2015	Date of Injury:	04/09/1998
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 48-year-old female who reported injury on 04/09/1998. Her mechanism of injury is not included. Her relevant diagnoses included postlaminectomy syndrome lumbar, lumbosacral radiculitis, and lumbago. Her past treatments have included facet injections and intrathecal pump for pain management. Diagnostic studies were not included. Her surgical history included back surgery in 1998 and 1999 and intrathecal pump implant 11/2009. The progress report dated 12/31/2014 documented the injured worker had complaint of back pain. The physical exam findings included measurements of range of motion of the lumbosacral spine. Flexion was measured at 25 degrees, extension at less than 5 degrees, right and left lateral flexion at 5 degrees, and right and left rotation at 5 degrees. Her current medications included amitriptyline 25 mg, baclofen 10 mg, hydrocodone/APAP 10/325 mg, Lyrica 75 mg, and melatonin 3 mg. Her treatment plan included advancing the intrathecal fentanyl 7% to 460.1 mcg per day, continue other medications, perform blood draw to determine serum opiate concentration, request authorization for caudal epidural steroid injection, and followup in 1 month. The rationale for the request was to decrease her pain and increase her functional capacity. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

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

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

Decision rationale: The request for Caudal Epidural Steroid Injection is not medically necessary. The injured worker had complaint of back pain that she described as shooting, throbbing, and stabbing. The severity of the pain was moderate with medications. Her onset of pain was 1998. The California MTUS Guidelines state criteria for the use of epidural steroid injections include radiculopathy that must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation including radiculopathy on physical exam, and corroborated by imaging studies and/or diagnostic testing. There is a lack of documentation regarding initial unresponsiveness to conservative treatments. The request does not include the use of fluoroscopy for guidance. There is a lack of documentation of continued objective documented pain and functional improvement following the previous blocks. A documented 50% pain relief with associated reduction of medication use is also not documented. Therefore, the request for Caudal Epidural Steroid Injection is not medically necessary.