

Case Number:	CM15-0110861		
Date Assigned:	06/15/2015	Date of Injury:	04/27/2009
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old female with an April 27, 2009 date of injury. A progress note dated May 13, 2015 documents subjective findings (middle back pain; lower back pain; gluteal pain; arm pain; leg pain; neck pain; thigh pain; pain radiates to the left ankle, right ankle, left arm, right arm, left calf, right calf, left foot, right foot, left thigh, right thigh; pain rated at a level of 8/10 without medications and 4/10 with medications; average pain over the past month rated at a level of 7/10), objective findings (tenderness of the cervical spine; moderate pain with cervical spine range of motion; tenderness of the lumbar spine; moderate pain with lumbar spine range of motion) and current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc; acquired spondylolisthesis; sacroiliitis; cervicgia; lumbar post laminectomy syndrome; chronic pain due to trauma; cervical radiculopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified). Treatments to date have included lumbar spine fusion surgery, medications, exercise, heat, ice, rest, massage, and epidural steroid injection. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included caudal epidural steroid injection with catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15108986>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant has received prior ESI in 2012. Current exam findings do not indicate radiculopathy (normal neurological exam). The request for the ESI does not meet the criteria above and is not medically necessary.