

Case Number:	CM15-0123229		
Date Assigned:	07/07/2015	Date of Injury:	05/04/2006
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, 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:

The injured worker is a 59 year old female, who sustained an industrial injury on May 4, 2006, incurring back and knee injuries after a fall. She was diagnosed with lumbar disc degenerative disease, lumbar spondylosis, and degenerative osteoarthritis of the knees. In 2010, the injured worker underwent a posterior lumbar fusion. Treatment included epidural block, trigger point injections, aqua therapy, pain medications, anti-inflammatory drugs, neuropathic medications, home exercise program, pain stimulator placement, Electromyography studies, activity modifications and work restrictions. Currently, the injured worker knee pain and persistent low back pain. The pain is aggravated after prolonged standing and walking. She had difficulty climbing stairs, changing positions or activities of daily living. The treatment plan that was requested for authorization included a caudal epidural block with a lumbar transforaminal block. Per the note dated 5/13/15 patient had complaints of low back pain with radiation of pain to the right LE. Physical examination of the low back revealed positive SLR, muscle weakness and decreased sensation and antalgic gait. The patient has had EMG on 5/21/2009 and 1/21/2010 of the LE that revealed bilateral S1 radiculopathy and MRI revealed disc protrusion and stenosis. The patient has had UDS on 3/10/5 that was consistent. The medication list include Norco, Gabapentin, Prilosec, Robaxin, Anaprox and Trazodone. The patient had used TENS unit for this injury. The patient had received an unspecified number of the conservative therapy visits in past. The patient had received ESI in the past for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Block with right L5 transforaminal block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), page 46.

Decision rationale: Caudal Epidural Block with right L5 transforaminal block. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: "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)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. The patient had received an unspecified number of conservative therapy visits in past. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received ESI for this injury. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Caudal Epidural Block with right L5 transforaminal block is not fully established for this patient.