

Case Number:	CM15-0123233		
Date Assigned:	07/07/2015	Date of Injury:	06/22/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year-old female who sustained an industrial injury on 06/22/11. She reports low back pain. Diagnosis history includes 5 mm herniated disc at L4-5 with left-sided radiculopathy. Treatments to date include lumbar facet block, facet rhizotomy, lumbar epidural steroid injections, lumbar discectomy, pain medication management, MRI, and physical therapy. The injured worker currently reports backache, and right leg pain. She had been hospitalized for esophagitis due to cortisone and nonsteroidal anti-inflammatory medication use. She reports her pain is reduced after the 1st caudal epidural steroid injection. Physical examination reveals she is in severe discomfort, and walks with a guarded and abnormal gait. Lumbar spine range of motion is decreased and painful; straight leg raise is positive bilaterally. MRI on 05/02/15 shows 4 mm disc at L3-4, and 5 mm disc at L4-5. Current diagnoses include lumbar discogenic syndrome, vitamin D deficiency, and lumbar nerve root injury. She has several disc bulges and needs treatment at each level before a complete improvement can be expected. Treatment recommendations include caudal epidural steroid injection with anesthesia and fluoroscopy when esophagitis is resolved to avoid surgery. The injured worker is under temporary total disability. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid injections with anesthesia and fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for low back and right leg pain. She underwent a caudal epidural injection on May 11, 2015. An MRI of the lumbar spine in May 2013 is referenced as showing disc protrusions at L3-4 and L4-5. When seen, the assessment references the presence of several disc bulges and needing a second epidural injection. Physical examination findings included appearing in severe discomfort. There was decreased and painful lumbar spine range of motion with positive straight leg raising. There was an abnormal gait favoring the right lower extremity. There were bilateral quadratus lumborum trigger points. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant's response to the first injection is not documented. The same, caudal, approach was being requested. None of the other criteria are met. The requested second caudal epidural steroid injection was not medically necessary.