

Case Number:	CM15-0174784		
Date Assigned:	09/16/2015	Date of Injury:	12/08/2005
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, who sustained an industrial injury on December 8, 2005, incurring bilateral knees and low back injuries. The injured worker had a history of back injuries and treatment since 1991, and underwent a lumbar discectomy at that time. In 2005, he was noted to have re-injured his lower back. He was diagnosed with a right knee meniscus tear, chondromalacia of the right knee, left knee meniscus tear, and lumbar herniated disc. He underwent a surgical repair of the right knee meniscus tear and on July 5, 2011, a surgical lumbar decompression fusion. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, neuropathic medications, physical therapy, and trigger point injections and activity restrictions. On September 12, 2013, he underwent surgical removal of hardware in the lower back followed by physical therapy. Currently, the injured worker complained of severe constant low back pain with bilateral lower extremity pain and weakness. He noted decreased range of motion and loss of strength secondary to the pain. He had diminished sensation of the lower spine upon examination. The treatment plan that was requested for authorization on September 4, 2015, included a caudal epidural injection. On August 26, 2015, a request for a caudal epidural injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 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; 8) No more than 2 ESI injections. In this case, although there is objective evidence of radiculopathy, the obtained special studies do not corroborate the objective findings of radiculopathy. The request for caudal epidural injection is determined to not be medically necessary.