MAXIMUS Federal Services

Case Number:	CM15-0178721		
Date Assigned:	09/21/2015	Date of Injury:	11/02/2009
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 11-2-2009. Medical records indicate the worker is undergoing treatment for status post lumbar anterior fusion at lumbar 3-4 and L5-S1 in 2014 and lumbar posterior fusion of L4-5 in 2010 with ongoing low back pain and left lower extremity complaints. A recent progress report dated 7-28-2015, reported the injured worker complained of low back pain with left foot pain, numbness and tingling. Physical examination revealed lumbar tenderness to palpation to the paraspinal muscles and positive bilateral straight leg raise. Computed tomography scan from 6-8-2015 showed multilevel degenerative changes of the lumbar spine and multilevel spinal and neural foraminal compromise with post-surgical changes. Treatment to date has included aquatic therapy and medication management. The physician is requesting One (1) repeat caudal epidural steroid injection at left lumbar L5-S1 level under fluoroscopic guidance. On 8-18-2015, the Utilization Review noncertified a request for One (1) repeat caudal epidural steroid injection at left lumbar L5-S1 level under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) repeat caudal epidural steroid injection at left lumbar L5-S1 level under fluoroscopic guidance: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The One (1) repeat caudal epidural steroid injection at left lumbar L5-S1 level under fluoroscopic guidance is not medically necessary and appropriate.