

Case Number:	CM15-0178793		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2007
Decision Date:	12/23/2015	UR Denial Date:	09/01/2015
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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 46 year old female, who sustained an industrial injury on 7-26-2007. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy and status post lumbar laminectomy. A recent progress report dated 7-28-2015, reported the injured worker complained of low back pain. Physical examination revealed lumbar paraspinal tenderness and a positive straight leg raise test with hypoesthesia at the anterolateral aspect of the foot and ankle at lumbar 4, 5, and sacral 1 dermatome distribution. Treatment to date has included lumbar surgery, physical therapy, and medication management. On 8-21-2015, the Request for Authorization requested caudal epidural steroid injections #2 & #3. On 8-28-2015, the Utilization Review noncertified the request for caudal epidural steroid injections #2 & #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injections #2 & #3: 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: The CA MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. Furthermore, repeat blocks should be based on continued objective documented pain reduction and functional improvement, which includes at least 50% pain relief, with an associated reduction in medication use for six to eight weeks. In the case of this injured worker, she has described lower extremity radicular symptoms and demonstrates lower extremity focal neurologic deficits. Furthermore, the notes from 9-8-2015 demonstrated that her previous ESI on 6-15-2015 provided 60% pain reduction, with continued objective improvement and reduced pain medication use. Based on the cited guidelines, a second ESI would be indicated, but the request is for a second and third ESI, which would not be indicated. Therefore, the request for caudal epidural steroid injections #2 & #3 is not medically necessary and appropriate.