

Case Number:	CM15-0034574		
Date Assigned:	03/02/2015	Date of Injury:	04/28/2006
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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:

This 59 year old man sustained an industrial injury on 4/28/2006. The mechanism of injury was not detailed. Current diagnoses include status post total left knee replacement, right knee pain, lumbosacral sprain, right elbow epicondylitis, right shoulder degenerative joint disease, and hypertension. Treatment has included oral medications. Physician notes dated 2/9/2015 show complaints of back, elbow, bilateral knee and right shoulder pain. Physical examination of the lumbar spine revealed muscle spasm, trigger points, tenderness on palpation, decreased ROM, abnormal gait and reflexes, muscle weakness and normal sensation. Recommendations include trigger point injections (given today) and ultrasound guided caudal epidural injection. The patient has had MRI of the low back on 11/14/14 and on 3/6/13 that revealed degenerative changes. The patient's surgical history include TKR and rotator cuff repair and right elbow surgery. The medication list include Lisinopril, Robaxin, Vicodin, Methocarbamol and Nabumetone. The patient had received injections on 8/6/14 and 9/18/14 for this injury. The patient has used a cane. Patient has received an unspecified number of PT visits 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 under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Request: Caudal epidural under ultrasound guidance 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, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. 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 injections on 8/6/14 and 9/18/14 for this injury. Evidence of objective documented sustained functional improvement and pain relief, after the previous injections was not specified in the records provided Any evidence of associated reduction of medication use , 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 the request for Caudal epidural under ultrasound guidance is not fully established for this patient; therefore, this request is not medically necessary.