

Case Number:	CM15-0040170		
Date Assigned:	03/10/2015	Date of Injury:	08/03/1992
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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 48 year old male, who sustained an industrial injury on 8/3/92. He has reported back injury. The diagnoses have included lumbago, thoracic lumbosacral neuritis/radiculitis, and post laminectomy syndrome lumbar region. Treatment to date has included medications, surgery and intermittent steroid injections. Surgery has included lumbar laminectomy and neurostimulator implant. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of chronic severe low back and right radicular pain due to failed back surgery syndrome. It was noted that he has a spinal cord stimulator and may be a candidate for further surgery. It was noted that he had a lumbar epidural on 10/7/13 with 60 percent reduction in pain for many months with sustained relief over 50 percent thereafter. The leg complaints of numbness, tingling, weakness and pain were more than 70 percent improved, and is noting sustained relief. He describes the pain as sciatic pain with low back pain and pain in the left lower extremity. The pain was rated 5/10 on pain scale and the medications help to keep him functional. The current medications were noted. Physical exam of the lumbar spine revealed tenderness to palpation, decreased range of motion, palpable hardware just under the midline scar, and positive trigger point. The sitting straight leg raise was positive bilaterally. He ambulates with a single point cane. There was bilateral lumbar spasm noted and decreased sensation to pin prick on the right with loss of sensation on the left. Treatment plan was follow up in 4 weeks, medications and request authorization for repeat caudal Epidural Steroid Injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'.

Decision rationale: The 47 year old patient complains of chronic, severe low back pain and right radicular pain due to failed back surgery syndrome, as per progress report dated 02/17/15. The request is for CAUDAL EPIDURAL STEROID INJECTION. The RFA for the case is dated 02/18/15, and the patient's date of injury is 08/03/72. The pain is rated at 4/10 with medications and 10/10 without medications. Diagnoses, as per progress report dated 02/17/15, included lumbago, thoracic/lumbosacral neuritis/radiculitis, and postlaminectomy syndrome of lumbar region. Medications included Methadone, Soma, Nuerontin, Celebrex, Pantoprazole, Ativan, Effexor, Zyprexa and Cytomel. The patient is temporarily totally disabled, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). 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 patient has received a lumbar ESI on 10/07/13, as per progress report dated 02/17/15. In the report, the treating physician states that the patient "reports >60% reduction in pain for many months, with sustained relief of >50% thereafter. His leg complaints (numbness, tingling, weakness, and pain), are more than 70% improved, and is noting sustained relief." The physician, however, does not document functional improvement or reduction in medication use due to the injection. MTUS guidelines allow repeat injections "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."Hence, the request IS NOT medically necessary.