

Case Number:	CM15-0067160		
Date Assigned:	04/14/2015	Date of Injury:	07/02/2008
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on July 2, 2008. The injured worker has been treated for low back complaints. The diagnoses have included disc disorder lumbar, lumbar radiculopathy, low back pain and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, caudal epidural steroid injections, physical therapy, right knee injection, home exercise program and a lumbar fusion. Current documentation dated March 25, 2015 notes that the injured worker reported back pain radiating down the bilateral lower extremities. The injured worker reported worsening radiating pain down the right leg. The pain was rated an eight out of ten on the visual analogue scale. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, spasms, tight muscle band on the right and a restricted range of motion due to pain. Lumbar facet loading was noted to be positive bilaterally and a straight leg raise test was positive on the right. The documentation notes that the injured worker had prior caudal epidural injections and was able to be more active physically. The treating physician's plan of care included a request for a caudal epidural with catheter on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 caudal epidural with catheter on the right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had 11 ESI in the past. In addition, there was no mention of performing the procedure under fluoroscopy. Prior EMG did not indicate radiculopathy and MRI did not mention nerve impingent. Invasive procedures are short acting and additional ESI is not medically necessary.