

Case Number:	CM15-0075285		
Date Assigned:	04/27/2015	Date of Injury:	04/18/2011
Decision Date:	06/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 4/18/11. She reported pain in low back. The injured worker was diagnosed as having lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis/radiculopathy of bilateral lower extremities, sacroiliitis of right sacroiliac joint and depression. Treatment to date has included physical therapy, chiropractic manipulation and oral medications. Currently, the injured worker complains of moderate to severe lower back pain associated with severe muscle spasm and limited range of motion to lumbar spine; pain is rated 8/10. Physical exam noted weakness along with tingling and numbness in legs, lumbar paraspinal muscle spasms and severe pain radiation to dermatome in both legs with palpation of L3, L4, L5 and S1. The treatment plan included a recommendation for caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Caudal Epidural Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: First Caudal Epidural Steroid Injection is medically necessary is medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The patient is having pain consistent with lumbar radicular pain and has failed conservative therapy; therefore, the requested service is medically necessary.