

Case Number:	CM15-0093992		
Date Assigned:	05/20/2015	Date of Injury:	11/24/1999
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker was a 61 year old male, who sustained an industrial injury, November 24, 1999. The injury was sustained when the injured worker was using a hand truck to move some boxes, when the injured worker felt a pop with shoot pain up and down the back and lost feeling of the lower extremities. The injured worker grabbed shelf which fell on the injured worker. The injured worker previously received the following treatments Cymbalta, Lyrica, Opana, Percocet, Provigil, Gabapentin, Tizanidine, Oxycontin, Norco, Oxycodone, Suboxone, Wellbutrin, epidural steroid injections and L3-S1 fusion surgery. The injured worker was diagnosed chronic low back pain status post four surgeries with L2-S1 fusion, failed back surgery syndrome, right lumbar radiculopathy, anxiety and depression. According to progress note of March 27, 2015, the injured workers chief complaint was painful mouth and painful chewing. The injured worker had a temporary partial denture which was fracturing apart on its own, hardly any teeth remaining to use for chewing. The injured workers lumbar pain was 6 out of 10 and at worst 10 out of 10 with an average pain of 8 out of 10 on 4/10/15. The pain was aggravated by movement and standing straight up. The pain was improved by lying flat. The physical exam noted the injured worker walked with a cane. There was tenderness with palpation of the lumbar facet pain on both the sides of L3-S1 region. There was pain over the intervertebral spaces on palpation. Anterior flexion of the lumbar spine was noted to be 40 degrees and caused pain. Extension of the lumbar spine was 10 degrees with pain. The injured worker was unable to toe or heel walk. There was decreased sensation in the left ankle and the left Achilles reflex was absent. The straight leg raise was positive on the left. The treatment plan included a caudal epidural steroid injection. 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 ESI (epidural steroid injection) Injection: Upheld

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

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

Decision rationale: Request: Caudal ESI (epidural steroid injection) Injection. 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 epidural steroid injections for this injury. Per the cited guidelines, "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." Evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, 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 request for Caudal ESI (epidural steroid injection) Injection is not fully established for this patient.