

Case Number:	CM13-0020744		
Date Assigned:	10/11/2013	Date of Injury:	10/17/2001
Decision Date:	01/08/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, has a subspecialty in pulmonary diseases, and is licensed to practice in California. 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 physician 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/services.

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 patient is an 83-year-old who sustained an occupational injury on 10/17/2011. The patient was diagnosed with bilateral sacroiliac joint arthritis, lumbar degenerative disc disease, lumbar facet arthropathy, left lower extremity radiculopathy, and an L5 versus S1 distribution status post lumbar decompression and fusion. The patient's current medications include transdermal fentanyl 25 mcg every 72 hours, Norco 10/325 mg every 6 hours as needed, gabapentin 800 mg at bedtime, Lidoderm patch 5% every 12 hours daily, and hydrochlorothiazide, Nexium, baby aspirin, and allopurinol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One caudal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the purpose of an epidural steroid injection 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. Furthermore, the

guideline criteria indicates 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 pain medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. While documentation provided does indicate the patient meets some criteria and that there is both subjective and objective documentation the patient has radicular pain with findings corroborated by an MRI, there is also evidence to suggest this patient has already received four epidural steroid injections over the previous year. Furthermore, there is lack of documented evidence that any of these four epidural steroid injections provided at least 50% pain relief with associated reduction of pain medication use for 6 to 8 weeks. Given there is lack of documentation provided that any of the previous epidural steroid injections provided the appropriate amount of relief in order to proceed with additional therapeutic blocks combined with evidence to indicate the patient has now exceeded the yearly recommendation of no more than 4 blocks per region per year. The request for One caudal epidural steroid injection is not medically necessary and appropriate.