

Case Number:	CM13-0016447		
Date Assigned:	12/13/2013	Date of Injury:	12/03/1979
Decision Date:	02/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 a 58-year-old female who sustained a work related injury on 12/03/1979. The clinical information indicates the patient has undergone surgical intervention, medial branch blocks, physical therapy, and has been treated with medication management. A magnetic resonance imaging (MRI) of the lumbar spine showed small disc protrusion at L2-3 with only slight thecal compression and neural foraminal narrowing, mild disc bulge and facet arthropathy at L3-4 with mild central canal narrowing, and a minimal disc bulge at L5-S1. Objectively, the patient had decreased range of motion, tenderness to palpation, negative straight leg raise, full motor strength, and intact sensation. A request for authorization for a lumbar epidural steroid injection at L2-3 times 3 over 6 months was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural steroid injection with RACZ times two (2) procedure (epidural neurolysis) over six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Adhesiolysis, Percutaneous.

Decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment." The clinical information provided from 04/2012 lacks documentation of physical exam findings suggestive of radiculopathy, as exam findings were positive only for tenderness and limited range of motion. There is no objective documentation of neurological deficit or motor weakness. Additionally, Official Disability Guidelines do not recommended epidural neurolysis due to insufficient literature evidence of risk versus benefit. As such, the request for caudal epidural steroid injection with RACZ times 2, procedure epidural neurolysis over 6 months is non-certified.