

Case Number:	CM13-0034277		
Date Assigned:	12/06/2013	Date of Injury:	06/11/2013
Decision Date:	02/13/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 57 year old male presenting with low back pain following a work related injury on 6/11/2003. The claimant is status post L4-S1 discectomy and fusion on 12/06/2004 and status post L4-5 and L5-S1 fusion and subsequent removal of the fusion hardware in 2005. A MRI in 2008 showed epidural scar tissue at L5 nerve roots. The claimant also tried previous epidural steroid injections and then finally a spinal cord stimulator trial in 2009 without significant reduction in his pain. The physical exam was significant for atrophy of the quadriceps muscles, limited range of motion straight leg raise at 40 on the left, absent left deep tendon reflexes at the left knee, sensation decreased lateral thigh. The claimant was diagnosed with left L4 nerve root with quad atrophy and deep tendon reflex patella drop. A claim was made for a caudal epidural steroid injection and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal steroid epidural injection with epiduography: 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): 47.

Decision rationale: Caudal steroid epidural steroid injection/epidurography is not medically necessary. The California MTUS on 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 not significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If an individual is initially unresponsive to conservative treatment, injections should be performed using fluoroscopy if the ESI is for diagnostic purposes and a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks and 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 claimant's physical exam is unchanged since his last epidural steroid injections and spinal cord stimulator trial. Additionally, there is no documentation that the claimant received long term benefit from his previous epidural steroid injection of at least 6-8 weeks; therefore the requested procedure is not medically necessary

Anesthesia: 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): 47.

Decision rationale: Anesthesia is not medically necessary. There is no clear indication for the need of anesthesia; however if the request is for the caudal epidural steroid injection/epidurography then it is not medically necessary due to the non-certification of the previous request.