

Case Number:	CM13-0034577		
Date Assigned:	01/15/2014	Date of Injury:	07/13/2011
Decision Date:	03/25/2014	UR Denial Date:	09/18/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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. 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 42-year-old female with date of injury of 07/13/2011. The listed diagnosis per [REDACTED] dated 09/12/2013 is L5-S1 annular tear with S1 chemical radiculitis. According to progress report dated 09/12/2013 by [REDACTED], the patient complains of axial intracranial low back pain. She is currently taking Norco and Percocet for pain control. The patient would like to cut back on her narcotic use and is considering an ESI (epidural steroid injection). She indicates that she has had one in the past, and it did provide greater than 50% relief for more than 6 weeks. Physical examination shows that the patient is alert, oriented, well nourished, and well developed with no apparent distress. Straight leg raise produces back pain. Sensory examination is intact. Motor examination is intact. She has restricted lumbar range of motion with exquisite tenderness on palpation in the lumbosacral junction. The provider is requesting a caudal epidural steroid injection, no level specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section ESI (epidural steroid injections), Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a caudal epidural steroid injection. Utilization report dated 09/18/2013 denied the request stating :that there is no evidence of radiculopathy on examination corroborated by positive imaging studies." The MTUS guidelines states radiculopathy must be documented with physical examination and imaging studies including unresponsiveness to conservative treatments. MRI (magnetic resonance imaging) of the lumbar spine dated 12/06/2012, shows L5-S1 level has loss of nucleus pulposus signal intensity and a 4 to 5-mm disk bulge and a high-intensity zone noted in the posterior aspect of the disk. There is no central or lateral spinal stenosis. Progress report dated 09/12/2013 by [REDACTED], notes that "the patient has a negative straight leg raise with back pain, sensory and motor examinations are intact. She has restricted lumbar range of motion with exquisite tenderness in the lumbosacral junction." In this case, there were no specific radiating symptoms described. There were no dermatomal distribution of pain/paresthesia and examination did not show evidence of nerve root problem/irritation. The documentation of radiculopathy requires not only radiating pain but an imaging study that corroborate the radicular symptoms. Given the lack of clear diagnosis of radiculopathy and specific level for injection, recommendation is for denial.