

Case Number:	CM13-0034902		
Date Assigned:	12/11/2013	Date of Injury:	12/03/2001
Decision Date:	02/11/2014	UR Denial Date:	09/24/2013
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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 57 year old who was injured on 12/03/01. The claimant is status post prior L4-S1 fusion and subsequent hardware removal. The claimant reports increased low back pain rated at 10/10, as well as limitations in performing normal house chores, walking, prolonged sitting, and standing. Examination reveals positive lumbar vertebral spine tenderness, increased pain with extension and flexion of the lumbar spine, decreased sensation to pinprick and fine touch in the bilateral lower extremities, and positive bilateral straight leg raise test at less than 30 degrees. The current request is for caudal epidural steroid injection with catheterization under fluoroscopy was denied for lack of medical necessity. Appeal letter dated 01/05/12 indicates that the claimant had previous caudal epidural steroid injection in 08/11 with reports of 50 percent improvement for at least six weeks. It is noted that there is an increased in the activities of daily living, range of motion, sleep, and mobility. The claimant is able to walk for longer periods of time and able to attend aquatic therapy. However, the pain is returning. The provider recommends another caudal epidural steroid injection under fluoroscopy for more permanent pain relief, so that the claimant can continue with the conservative treatment. Periodic report dated 08/26/13 indicates that the claimant reports increased low back pain rated at 10/10. It is noted that the claimant has limitations performing normal house chores, walking, prolonged sitting, and standing. Examination reveals positive lumbar vertebral spine tenderness and increased pain with extension and flexion of the lumbar spine. There is decreased sensation to pinprick and fine touch in the bilateral lower extremities while muscle strength and reflexes are normal. The claimant demonstrates positive bilateral straight leg raise test at less than 30 degrees. It is noted that the claimant is being evaluated regarding low back pain and radiating pain

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 Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS guidelines stipulate that the purpose of Epidural Steroid Injections (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. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The claimant presents with persistent pain symptoms and functional limitations. However, submitted documentation lacks evidence of radicular pain in a specific dermatomal distribution with corroborated objective electro-diagnostic findings and imaging. Therefore the request for caudal ESI is not medically necessary.