

Case Number:	CM13-0042271		
Date Assigned:	03/03/2014	Date of Injury:	06/11/2003
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and rehabilitation, has a subspecialty in Pain Management 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 expert 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:

This is a male patient with the date of injury of June 11, 2013. A utilization review determination dated October 16, 2013 recommends noncertification of caudal epidural steroid injection with epidurography and anesthesia. A progress report dated September 11, 2013 identifies subjective complaints of low back pain which is radiating into the left buttock, anterior thigh, lateral thigh, posterior thigh, posterior calf, and dorsal foot. The note indicates that the patient experiences numbness, paresthesia, and weakness in the affected area. The note states that the patient has tried ice, heat, NSAIDs, and the pain has not improved. Objective examination findings identify atrophy present in the quadriceps, reduced lumbar spine range of motion, positive straight leg raise, and absent deep tendon reflexes at the knee. Sensation to light touch is decreased on the left in the lateral thigh, and motor strength is normal in all groups in the lower extremities. Diagnoses include lumbar disc displacement, postlaminectomy syndrome, lumbar radiculopathy, and low back pain. The treatment plan recommends continuing medication, and request authorization for a caudal epidural steroid injection. The patient would like IV sedation due to anxiety associated with a spinal headache. A progress report dated November 8, 2013 recommends EMG/NCV of bilateral lower extremities. A progress report dated May 29, 2013 includes a review of medical records. The note indicates that the patient underwent an MRI of the lumbar spine on August 16, 2012. The report identified an intervertebral fusion at L4-5 and L5-S1. The report indicates that at L2-3, a 4 mm disc bulge causes bilateral neuroforaminal narrowing and at L3-L4, a 2.7 mm disk bulge combined with facet degenerative changes and ligamentum flavum hypertrophy caused bilateral neuroforaminal narrowing with lateral recess stenosis.

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 EPIDUROGRAPHY, ANESTHESIA.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bogduk and colleagues. See Caudal Epidural Steroid injections; Pain physician, volume 3, number 3, pp 305-312.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), page 46 of 127. Page(s): 46-of 127.

Decision rationale: Regarding the request for caudal epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. However, it is unclear what radicular level is affected with the currently provided physical examinations. Additionally, it is unclear if the patient's radicular symptoms/findings are residual deficits from prior to the fusion surgery, or if there is radiculopathy that is acutely present. Apparently, the requesting physician has asked for EMG/NCV to clarify these issues. Additionally, it is unclear why epidurography would be required. Epidurography is a diagnostic procedure intended to examine the epidural space. Generally speaking, contrast is injected into the epidural space during the course of a normal epidural procedure. It is unclear why a separate procedure, epidurography, would be needed, above and beyond what is usually provided with an epidural steroid injection. In the absence of clarity regarding those issues, the currently requested caudal steroid epidural injection with epidurography, anesthesia, is not medically necessary.