

Case Number:	CM13-0048864		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2013
Decision Date:	02/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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:

This is a 43 year-old male who was injured on 7/21/13 slipped and fell. He had a prior history of lumbar fusion. The 11/19/13 report/record review from [REDACTED], shows that [REDACTED] had requested an ESI at L4/5 on 10/21/13. [REDACTED] reviewed MRI of the cervical and lumbar spine, both taken on 10/20/13. The lumbar MRI showed 80% loss of disc height anteriorly and 50% loss centrally at the L4 level from a chronic compression fracture. There was 7-mm retropulsion of the posterior aspect of the L4 body into the spinal canal. Postsurgical changes included posterior lumbar fusion and multilevel laminectomies. There was mild-to-moderate bilateral neuroforaminal stenosis. The 10/23/13 EMG/NCV BUE and BLE did not show cervical or lumbar radiculopathy or neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 caudal epidural: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: It is not clear what the physician means by "bilateral caudal" epidural injection. There is only one sacral hiatus, and the caudal ESI goes through it. "Bilateral" ESI is more indicative of a transforaminal approach as there is a left and a right foramen. MTUS states one of the criteria for ESI is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 10/21/13 exam shows decreased sensation to light touch BLE in the L4-S1 dermatomes. This is essentially the whole leg/foot, or a stocking pattern. SLR was positive for reproduction of the pattern at 40 degs on the right and 70 degs for the left. MRI shows mild foraminal narrowing at the L4/5 level and L5/S1 levels which is somewhat consistent with the physical exam findings. The subsequent electrodiagnostic study was reported as normal. The 8/13/13 evaluation by [REDACTED] also noted a radicular component of the lumbar pain, left more than right leg. There was a positive SLR and L5-S1 roots/dermatome findings. The request for a caudal ESI appears to be in accordance with MTUS guidelines.