

Case Number:	CM13-0058820		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2003
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 57 year-old male who was injured on 1/13/03. On 11/6/13, the patient presented with low back pain radiating down the left leg, and also right knee pain. He had undergone decompression surgery on 5/15/13 at L4-S1 but continues with radicular pain. The physician notes some improvement with prior ESIs before the recent surgery. The 11/6/13 exam findings included positive left SLR, and \hat{A} ¼ left patella reflex, and 4/5 EHL strength. The 1/2/13 MRI was reported to show disc protrusions at L4/5 and L5/S1 that with facet arthropathy caused moderate central stenosis at L4/5 and moderate bilateral foraminal stenosis and at L5/S1 caused moderate left foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 caudal epidural with catheter between 11/6/13 and 1/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic, (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs) Page(s): 46.

Decision rationale: The patient presents with right knee pain and lower back pain that radiates down the left leg. Clinical exam findings included positive left SLR, decreased patellar reflex on the left, decreased EHL and dorsiflexors on the left. MRI shows left sided foraminal narrowing at L5/S1 and bilateral foraminal narrowing and central stenosis at L4/5. The last recorded ESI was in 2012, before the lumbar surgery. The request for the caudal ESI appears to be in accordance with MTUS guidelines.