

Case Number:	CM13-0061158		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2010
Decision Date:	06/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, has a subspecialty in 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 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:

The injured worker has submitted a claim for lumbar spine disc herniations with stenosis associated with an industrial injury date of 03/15/2010. Treatment to date has included lumbar laminectomy on 07/20/2012, lumbar laminectomy and discectomy on August 2013, epidural steroid injections, and medications including roxicodone, Norco, Soma, zolpidem tartrate, Medrol, omeprazole, and nizatidine. Utilization review from 11/19/2013 denied the request for caudal epidural steroid injection because the patient already had nine epidural steroid injections but still remains symptomatic. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic, severe low back pain graded 10/10 and relieved to 6/10 upon intake of medications. The medications also allowed him increased mobility and tolerance of activities of daily living. He denied incontinence. Physical examination showed normal inspection. There was tenderness and spasm at paravertebral lumbar muscles. Lumbar flexion was limited to 45 degrees, while extension at 15 degrees. Sciatic notch tenderness was present bilaterally. Both lying and sitting straight leg raise was positive bilaterally. Patient manifested with antalgic and abnormal toe and heel walking. Strength was diminished at both lower extremities. Sensory exam was likewise decreased for bilateral lower extremities. Deep tendon reflexes in the upper and lower extremities were decreased but equal. MRI of the lumbar spine, dated 09/13/2011, showed mild lumbar rotoscoliosis; L4-L5 bilateral lateral recess foraminal stenosis secondary to broad-based 3mm central annular bulge with bilateral foraminal protrusion, moderate to advanced bilateral facet arthropathy with disc material just abutting the ventral aspect of the L5 nerve roots bilaterally and with minimal encroachment of the traversing L4 nerve root with associated spondylitic changes; moderate to advanced bilateral facet arthropathy and mild annular bulges and endplate spurring at L5-S1, L3-4, without significant canal stenosis or neural encroachment.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines,46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26, Page(s): 46.

Decision rationale: As stated in page 46 of Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is an option for treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. As stated in a progress report written on 02/20/2014, ESI is indicated because patient has worsening low back pain and leg complaints and has failed conservative measures. However, the patient already received nine epidural steroid injections. The patient has failed to exhibit any evidence of improved performance of activities of daily living, or any reduction in dependence on medical treatment associated with the previous ESIs. Lastly, caudal injections are not recommended for chronic radiculopathy. Therefore, the request for caudal epidural steroid injection is not medically necessary.