

Case Number:	CM13-0062195		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2003
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, 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 49 year old male sustained an injury on 11/18/03 while employed by [REDACTED]. The patient's injury resulted from becoming detached from a pole, falling approximately 40 feet. Previous medical history included cervical spinal cord injury s/p C6 laminectomy, reduction of C6 dislocation, C5-7 fusion with instrumentation, anterior discectomy at C6-7 on 11/21/03; intrathecal pump 2005; lumbar L4-5 laminectomy for HNP 2000; carpal tunnel surgery; right kidney removed due to renal cell carcinoma. The latest lumbar spine MRI in January 2013 showed mild-moderate multi-level degenerative disc disease, minimal mild canal narrowing at L1-4 with small disc bulges, facet arthrosis; moderate bilateral neuroforaminal narrowing at L5-S1 with small disc bulge as well at L4-5 without significant narrowing. A report dated 10/22/13 noted the patient with low back pain increased to 8/10 scale with spasm. He was on a pain pump in addition to Oxycodone and Soma x 4/day. There is no report of numbness, tingling or weakness. He underwent bilateral Medial branch blocks at L4-S1 on 2 separate occasions in July 2013 with 70-75% reduction in pain for one day duration. There was a notation of previous kidney removal for kidney cancer. Exam results showed left foot hemiparesis in walking boot; using scooter to walk on right leg with limited ambulation; decreased lumbar flexion and extension due to tail bone and back pain. There is an MRI report in September 2012 compared to November 2009 study showing degenerative disc disease with previous laminectomy at L4-5 without any central stenosis identified. It was discussed on peer-to-peer for 3 level radiofrequency of right at L4-S1 be done followed by 3 levels on left side with the caudal ESI non-certified on 10/30/13 as a patient with C5-6 partial Brown-Sequard Syndrome without clear medical evidence for superimposed lumbar radiculopathy.

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 Epidural steroid injections (ESIs).

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

Decision rationale: MTUS Chronic Pain Guidelines recommend ESI's as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Submitted reports have not demonstrated any radicular symptoms or remarkable diagnostics to support the caudal epidural injection. There is no report documenting functional improvement from the 3 level RF recently performed. Previous blocks only provided pain relief for one day. Criteria for the caudal epidural have not been met or established. The request is not medically necessary and appropriate.