

Case Number:	CM13-0072410		
Date Assigned:	01/08/2014	Date of Injury:	09/09/2012
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, 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:

The patient is 56-year-old employee who has submitted a claim for bilateral lumbar facet pain, and bilateral lumbosacral radicular pain associated with an industrial injury date of September 9, 2012. Medical records from 2013 were reviewed showing that the patient complained of constant low back pain radiating to both lower extremities. Pain was associated with tingling, numbness, weakness, and cramps. It was graded 8/10 in severity. Pain was aggravated by coughing, sneezing, straining, prolonged sitting, standing, and walking. Physical examination revealed tenderness of the paralumbar muscles, and at facet joints of L4 to S1 levels. Range of motion of the lumbar spine was painful. Reflexes were 1+ at bilateral Achilles. Gait was antalgic. Sensation was diminished at bilateral L5 to S1 dermatomes. MRI of the lumbar spine, dated December 5, 2012, showed 5 to 7-mm disc protrusion at L3 to S1 indenting the thecal sac at each level. EMG/NCV study on December 18, 2012, revealed left L4 and bilateral L5 to S1 chronic radiculopathy. Treatment to date has included physical therapy, chiropractic care, use of interferential unit, and medications such as Prilosec, Vicodin, Docusate, Ultram, and Zanaflex. Utilization review from December 18, 2013 certified the request for caudal ESI with the bilateral L5 transforaminal block, as long as it will be performed several weeks after the cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION WITH L5 TRANSFORAMINAL BLOCK:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on page 46 epidural steroid injection is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient has been complaining of chronic low back pain radiating to both lower extremities associated numbness, and tingling sensation. Objective findings include weakness, decreased reflexes and sensation. This is further corroborated by MRI findings of a 5-mm disc protrusion at L5 to S1 level with indentation of the thecal sac. Electrodiagnostic study likewise revealed bilateral L5 to S1 radiculopathy. Conservative management has been exhausted which included chiropractic care, physical therapy, and intake of medications. The medical necessity for ESI has been established. However, utilization review from December 18, 2013 already provided a modified certification of this request, as long as, it will be performed several weeks after the cervical ESI. Therefore, the request for Caudal Epidural Steroid Injection with L5 Transforaminal Block is not medically necessary .