

Case Number:	CM14-0003975		
Date Assigned:	02/03/2014	Date of Injury:	04/04/2005
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & 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 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 is a 61 year old male who reported an injury of unknown mechanism on 04/04/2005. In the clinical note dated 12/11/2013, the injured worker had primarily complained of axial back pain. It was documented that the injured worker had developed pain down the right lower extremity, which originated in the lower aspect of the gluteus on the right. The physical examination revealed a positive straight leg raise with no sensory or motor deficits. The diagnoses included chronic lumbar pain with post-laminectomy syndrome and axial back pain from L4-L5 to the S1 level and more acute radiculitis that involved the right lower extremity and appeared to be an S1 dermatomal presentation without motor or sensory deficits, but a positive straight leg raise. The treatment plan included a caudal epidural injection. The physician did not want to add any more pain medications to the injured workers current prescribed medication regimen of buprenorphine. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CAUDAL EPIDURAL INJECTION AT THE L4-S1 LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , EPIDURAL STEROID INJECTIONS (ESI),

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

Decision rationale: The California MTUS guidelines state that epidural injections are recommended as an option for treatment of radicular pain if radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines also state the injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The clinical note lacked documentation of radiculopathy corroborated with imaging studies and/ or electrodiagnostic testing. The clinical note also lacked documentation of any NSAIDs or muscle relaxants and it was unclear of the conservative measures that were taken by the injured worker. The guidelines state that the use of ESI should have corroboration of physical and imaging studies and documentation of unresponsiveness of initial conservative treatments. Therefore, the request for outpatient caudal epidural injection at the L4-S1 level is not medically necessary.