MAXIMUS Federal Services

Case Number:	CM14-0006224		
Date Assigned:	03/03/2014	Date of Injury:	03/15/2010
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 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 46-year-old male with a reported date of injury on 03/15/2010. The mechanism of injury occurred when he was struck in the back by a pipe being picked up by a crane with a sling. An MRI of the lumbar spine dated 09/13/2011 reported mild lumbar rotoscoliosis, bilateral lateral recess foraminal stenosis secondary to broad-based 3mm central annular bulge. There was a 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. The MRI also reported 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. The progress note dated 02/17/2014 reported the injured worker was status post recent lumbar laminectomy and discectomy. The progress note reported the injured worker rated his pain without medications as a 10/10 and with medications 6/10 and at the time of the progress note was 7/10. Medications listed on the progress note were Roxicodone, Norco, Soma, Zolpidem Tartrate, Medrol pack, Omeprazole, and Nizatidine. The provider reported the diagnoses as intervertebral lumbar disc with myelopathy in the lumbar region, cervicalgia, other acute reactions to stress, post laminectomy syndrome cervical region, intervertebral cervical disc with myelopathy cervical region, degenerative lumbar/lumbosacral intervertebral disc, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis/radiculitis, and degeneration of cervical intervertebral disc. The physical examination showed diffuse paravertebral lumbar tenderness, positive straight leg, decreased bilateral lower extremity sensory disturbance to light touch, and decreased deep tendon reflexes in the lower extremities. The Request for Authorization form dated 01/22/2014 is for a caudal injection due to cervicalgia thoracic/lumbosacral neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 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 TREATMENT GUIDELINES, , 46

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

Decision rationale: The request for outpatient caudal epidural steroid injection is not medically necessary. The injured worker has documentation of diffuse paravertebral lumbar tenderness, positive straight leg raise decreased right lower bilateral sensory to light touch and decreased deep tendon reflexes. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as a treatment for radicular pain. The guidelines state epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including a home exercise program. The guidelines also state the purpose of the epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The guidelines criteria for the use of epidural steroid injections are radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also require initially unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants. The injured worker has a positive straight leg, decreased bilateral lower extremity sensory disturbance to light touch, and decreased deep tendon reflexes in the lower extremities and positive findings upon MRI. The injured worker has failed conservative care including physical therapy. It was noted pain medications are keeping him functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. However, the documentation does not provide documented evidence of specific neurological deficits within specific dermatomal distributions. Therefore, the request is not medically necessary.