

Case Number:	CM14-0011741		
Date Assigned:	02/21/2014	Date of Injury:	10/22/2013
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54-year-old male with a 10/22/13 date of injury. 12/12/13 progress report indicates persistent low back pain radiating to the left lower extremity. Physical exam demonstrates limited lumbar ROM, positive SLR on the left, absent left ankle reflex, and decreased right ankle ROM. 12/2/13 lumbar MRI demonstrates, at L4-5, mild canal stenosis and mild bilateral foraminal narrowing secondary to a 3 mm broad-based disc bulge; and, at L5-S1, a 6 mm left paracentral disc extrusion impinging on the left S1 nerve root and resulting in moderate left neural foraminal stenosis. Treatment to date has included medication, PT x3 sessions, activity modification. There is documentation of a previous adverse determination on 12/31/13 for lack of a reasonable course of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION VIA CAUDAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based

on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:AMA Guides, Radiculopathy.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, caudal injections are not recommended for chronic lumbar radiculopathy. There was no evidence that lower levels of care were exhausted, given that only 3 sessions of PT were attempted and the patient's initial presentation was on 12/12/13. Therefore, the request for a LUMBAR EPIDURAL STEROID INJECTION VIA CAUDAL was not medically necessary.