MAXIMUS Federal Services

Case Number:	CM14-0011806		
Date Assigned:	02/21/2014	Date of Injury:	08/29/1988
Decision Date:	08/12/2014	UR Denial Date:	01/20/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain medicine 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 a 64-year-old male with an 8/29/88 date of injury. Diagnosis is lumbosacral disc degeneration. 11/27/13 Progress note described 9/10 low back pain with radiation down bilateral lower extremities. Clinically, there was tenderness in the lumbar spine, hypertonicity in the paravertebral muscles; tenderness at bilateral sciatic notches; diminished sensation over the anterior right thigh. 1/8/14 progress note described back and bilateral leg pain. MSIR for breakthrough pain is helpful. Sufentanil controls his pain much better than his prior combination of medications. He continues with back pain radiating into the buttocks and lower extremities. Clinically, there was tenderness in the lumbar spine; prominent hypertonicity; and tenderness at both sciatic notches. Range of motion was reduced. There was 5/5 strength in bilateral lower extremities and decreased sensation over the anterior right thigh. Caudal ESI was requested. Pain pump was refilled. Caudal ESI was requested. Treatment to date has included PT, activity modification, lumbar fusion, and intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection (ESI): Upheld

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

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

Decision rationale: Medical necessity for the requested lumbar ESI is not established. This request previously obtained an adverse determination due to lack of corroborating imaging studies, electrodiagnostic studies, or clinical findings, specific to the requested level for injection. There was no description of failure of conservative treatment. Although there is an updated progress notes, these issues were not addressed. The California MTUS does not support epidural injections in the absence of objective radiculopathy, correlating imaging/electrodiagnostic studies, and failure of conservative treatment. This has not been demonstrated and the request is not substantiated.