

Case Number:	CM14-0016860		
Date Assigned:	04/11/2014	Date of Injury:	12/10/1993
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Illinois. 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 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 51-year-old male who reported injury on 12/10/1993. The mechanism of injury was not provided. The documentation of 01/18/2014 revealed the injured worker had complaints of lower back pain and left lower extremity pain. The injured worker indicated the transforaminal epidural steroid injection did not help much to control the pain. The injured worker had severe pain on the low back, going to the lower extremities more on the left side. The injured worker had decreased left L5 and decreased left S1 sensation. There was normal vibratory sensation in the lower extremities. The injured worker had decreased left L5 and decreased left S1 sensations to light touch. The injured worker had no reflexes in the left ankle. The diagnoses included lumbar radiculopathy, failed back surgery syndrome, lumbosacral sprain/strain, and status post intrathecal pump implant. The treatment plan included continuation of current medications, a caudal epidural injection with RACZ, and continuation of physical therapy.

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 RACZ CATHETER UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment, Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections (ESIs).

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend for an epidural steroid injection, there be documented objective findings upon physical examination that are corroborated by imaging studies and/or electrodiagnostic testing, and the pain must initially be unresponsive to conservative treatment. The clinical documentation submitted for review failed to indicate the injured worker had findings on MRI as there was no MRI or EMG submitted for review. The injured worker had objective findings upon physical examination. There was a lack of documentation indicating the injured worker had a failure of conservative treatment. As California MTUS Guidelines do not address sedation for epidural steroid injections, secondary guidelines were sought. Official Disability Guidelines indicate there is no evidence-based literature to make a firm recommendation as to sedation during an epidural steroid injection. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. The clinical documentation submitted for review failed to provide documentation of the rationale for the injured worker to have anesthesia. Given the above, the request for caudal epidural steroid injection with RACZ catheter under fluoroscopic guidance with anesthesia is not medically necessary.