

Case Number:	CM14-0111389		
Date Assigned:	09/16/2014	Date of Injury:	06/12/2013
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 06/12/2013 due to unspecified cause of injury. The injured worker complained of lower back pain that radiated to his legs. The injured worker had diagnoses of status post laminectomy, lumbosacral degenerative disc disease, lumbosacral radiculopathy, and neural impingement at the L5-S1. Treatments included epidural steroid injections, physical therapy, medication, and home exercise program. Medications included naproxen, Trazodone, and Tramadol. The physical assessment dated 04/23/2014 of the lumbosacral spine revealed a diffusely tender while-preserved muscle bulk joint contours, coordination, strength. Deep tendon reflexes 2+, forward bending lumbosacral spine at 45 degrees and extension was 15 degrees, bilateral bending was 25 degrees and twisting was 45 degrees and positive for mild weakness. The treatment plan included an epidural steroid injection, medications, and a followup in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal Epidural Steroid Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Low Back, Epidural Steroid Injections

Decision rationale: The California MTUS Guidelines recommend ESIs as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. Fluoroscopic guidance with use of contrast is recommended for all approaches, as needle misplacement may be a cause of treatment failure. The clinical notes were not evident that the injured worker had been unresponsive to conservative care. The MRI was not submitted for review. As such, the request is not medically necessary.