

Case Number:	CM14-0121378		
Date Assigned:	08/06/2014	Date of Injury:	07/02/2008
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/01/2014

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 injured worker is a 57-year-old male who reported an injury on 07/02/2008. The mechanism of injury was noted to be a fall. His diagnoses were lumbar post laminectomy syndrome, lumbar disc disorder, lumbar radiculopathy, and low back pain. He was noted to have diagnostic tests including CT scans, MRI, and EMG/NCV. Prior treatments include H wave, medications, physical therapy, home exercise program, and multiple epidural steroid injections. On 07/16/2014, the injured worker had a clinical evaluation. He had subjective complaints of back pain, radiating from the low back to the right leg, with numbness over his right foot. His medications were noted to be Cialis, Soma, Terocin lotion, and Lyrica. The objective findings noted the injured worker with a slowed gait, assisted by cane. Range of motion was restricted with flexion limited to 35 degrees, and also limited by pain. Extension limited to 15 degrees, limited by pain, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, and lateral rotation to the left limited to 30 degrees and to the right limited to 30 degrees, also with pain. On palpation of the paravertebral muscles, spasms were noted as well as tenderness with tight muscle band on the right side. Lumbar facet loading was positive on both sides. Straight leg raise test was positive on the right side, tenderness noted over the sacroiliac spine. Upon examination of the sensory system, the injured worker had decreased sensation of the right side. The treatment plan is for the injured worker to have a caudle ESI with catheter and to continue with daily home exercises and stretching. The rationale for the request was noted within the documentation and a Request for Authorization form was not submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural with catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI's.

Decision rationale: The request for Caudal epidural with catheter is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine states invasive techniques (local injections and facet joint injections of cortizone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in injured workers with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for an epidural steroid injection, according to the guidelines, is that radiculopathy must be documented. Objective findings on examination need to be present; initially, the injured worker would be unresponsive to conservative treatment of exercises, physical methods, NSAIDs, and muscle relaxants; injections should be performed using fluoroscopy and injection of contrast for guidance. The guidelines continue to recommend no more than 2 nerve root levels should be injected using transforaminal blocks. The request fails to indicate the injection with use of fluoroscopy for guidance. The guidelines state must have an official copy of the MRI to corroborate radiculopathy, as well as documented decreased sensation to a specific dermatome. The clinical documentation presented for review does not contain the criteria necessary for the guidelines. Therefore, the request for Caudal epidural with catheter is not medically necessary.