

Case Number:	CM14-0135098		
Date Assigned:	08/27/2014	Date of Injury:	02/28/2007
Decision Date:	09/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 56-year-old male who reported injury on 02/28/2007. Mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic discogenic low back pain, radiculopathy of bilateral lower extremities, and myofascial pain syndrome. Past medical treatment consists of activity modification, physical therapy, chiropractic care, the use of a TENS unit, acupuncture, facet injections, ESI's, and medication therapy. Medications include ibuprofen, an inflammation cream (lidocaine, gabapentin, tramadol). In the submitted report it was noted that an MRI was done on 06/30/2011 that indicated a bulge of 2.5 mm at L3-4 and L4-5 with moderate foraminal narrowing at this level. It also revealed angular tears noted at L3-4 and L4-5 and L5-S1. The MRI was not submitted for review. On 03/05/2014 the injured worker complained of constant pain in his lower back. Physical examination revealed that the injured worker had a pain rate of 7/10. Examination of the lumbar spine revealed a Valsalva and Patrick-Faber negative on both sides. Lasegue's test was positive on the right. Reflexes of the knees were diminished on the right and normal on the left. Reflexes for the hamstrings were normal bilaterally. The injured worker had no loss of sensibility, abnormal sensation or pain in the hip and groin on the right corresponding to the L1 dermatome. The injured worker was noted to have sensory deficit of the anterior lateral thigh, anterior knee and medial leg and foot on their right with distorted superficial tactile sensibility with some abnormal sensations or slight pain corresponding to the L4 dermatome. The injured worker was also noted to have sensory deficit of the anterior lateral thigh, anterior lateral leg and mid dorsal foot on the right with distorted superficial tactile sensibility with some abnormal sensations or slight pain corresponding to the L5 dermatome. In regards to the L1, L2, L3, L4 and S2 dermatome the injured worker had no loss of sensibility, abnormal sensation, or pain in the areas corresponding with these dermatomes. Range of motion of the spine revealed a 45 degree flexion bilaterally, an extension

of 15 on the right and 25 on the left and lateral bending of 15 bilaterally. The treatment plan is for the injured worker to undergo additional ESI's. The provider feels that the injured worker received adequate control and stabilization of his low back injury with previous ESI injections. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESL L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Low back and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend ESI as an option per 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 the use for any ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injection should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked any evidence of objective findings of radiculopathy, numbness, weakness and loss of strength. There was a diagnosis of radiculopathy submitted in report but there was no corroboration by MRI. There was a lack of documentation of the injured workers initial unresponsiveness to conservative treatment, which would include exercise, physical methods and medication. The request did not indicate the use of fluoroscopy for guidance in the request. Furthermore, the submitted request did not indicate what level of the lumbar spine was going to receive the ESI. As such, the request for a caudal epidural steroid injection for the lumbar spine is not medically necessary and appropriate.