

Case Number:	CM14-0160731		
Date Assigned:	10/06/2014	Date of Injury:	05/01/2014
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

According to the provided documents, this is a 60-year-old male injured on 5/1/14. Per one of the utilization review documents provided, this injury occurred while climbing down a ladder. There was back pain and pain down the right leg to the foot. There was conservative treatment with rest, exercise and analgesics. The patient did not have physical therapy secondary to a lack of transportation. A lumbar MRI from 5/5/14 was limited secondary to patient motion. This showed right L4 root within the L4-5 foramen secondary to facet arthrosis and degenerative disc bulge. Incidentally noted was a severely distended bladder. There was a transforaminal right L4-5 injection on 8/14/14 with some relief, pain was about 20% better as of 8/27/14. There was persistent lower extremity pain. The examination in that report simply stated musculoskeletal: radiculopathy, right side. Neurologic exam did not mention any deficits in the lower extremities. Treatment plan was a caudal injection with C-arm. This request was addressed in a utilization review determination from 9/10/14 that was also referred to as a lumbar sacral injection. That determination did not recommend the injection. The requesting 8/27/14 report did not mention why this particular type of injection was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal injection with C-Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300. Decision based on Non-MTUS Citation Epidural Steroid Injections

Decision rationale: At the time of this request, this injury was a little bit over 3 months old and therefore had persisted somewhat beyond the expected time of healing. Note is made that ACOEM treatment algorithms for this injury had not been completed since the patient had never had any physical therapy. However, the patient had already had one transforaminal lumbar epidural steroid injection. ACOEM guidelines state that epidural steroid injections are indicated for radicular pain to avoid surgery. There is no indication in the reports that the patient was considered to be a surgical candidate. ACOEM guidelines do not address repeat injections but MTUS chronic pain guidelines do. Those guidelines also indicate that epidural steroid injections are only indicated when there is a clinically evident radiculopathy. None of the reports document that there was any clinically evident neurologic deficit in the lower extremities and there were no neurologic deficits noted in the lower extremities consistent with L4-5 or any other lumbar nerve root level. Furthermore, even presuming that there had been a clinically evident radiculopathy, repeat epidural steroid injections are only supported by MTUS guidelines when there has been greater than 50% pain relief that results in functional improvement sustained for 6-8 weeks which was not documented. At the time of the request for the current epidural in question, the patient was only 2 weeks from the prior injection. Additionally, the requesting document does not indicate why the recommendation for the 2nd epidural was to perform a caudal epidural. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.