

Case Number:	CM14-0169525		
Date Assigned:	10/17/2014	Date of Injury:	01/21/2000
Decision Date:	12/08/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal 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:

Pursuant to the most recent progress report dated August 19, 2014, the IW presented with complaints of back pain. The IW rates pain at 9/10. Pain is described as radiating to the bilateral legs down to the toes with numbness and tingling, worse on the right. The IW has continued to work on and off with restrictions. However, she has noticed some worsening symptoms as well as onset of low back pain secondary to her usual and customary work duties. She also states that she has been experiencing bilateral elbow symptoms. Physical examination reveals gait is antalgic to the right. Heel-toe walking is exacerbated to the right. There is diffuse tenderness over the lumbar paravertebral musculature bilaterally. There is moderate facet tenderness noted at L5-S1. Sacroiliac tenderness is noted. Patrick's test and Yeoman's test is positive bilaterally. Kemp's test is positive bilaterally. Seated and supine straight leg raise are positive on the right at 60 degrees and 50 degrees respectively. Farfan test is positive bilaterally. Lumbar spine range of motion is diminished in all planes. Sensation is decreased as to pain, temperature, light touch, vibration, and two-point discrimination in the right L4 dermatomes. Lower extremity muscle testing reveals 4/5 strength in the right knee extensors. Lower extremity reflexes are 1+ in the right knee. Current medications include Voltaren, Prilosec, and Flexeril. Treatment plan consisted of L4-L5 selective epidural catheterization; potential bilateral L4-L5 medial branch block with possible bilateral sacroiliac joint injections; continue medications; repair interferential unit; and random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Selective Epidural Catheterization: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Official Disability Guidelines, right L4 - L5 selective epidural catheterization is not medically necessary. The Official Disability Guidelines enumerates criteria for epidural steroid injections (ESI-selective catheterization). The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker is a 48-year-old date of injury January 21, 2000. The diagnoses were bilateral epicondylitis, bilateral carpal tunnel syndrome, cervical radiculopathy and bilateral shoulder strain. EMG, nerve conduction velocity studies of the right upper extremity work. On August 19, 2014 the injured worker presented with complaints of back pain. Pain radiates bilaterally down both legs to the toes with numbness and tingling worse on the right. There is moderate facet tenderness noted at L5 - L1 with sacroiliac tenderness. The guidelines indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The documentation does not show objective radiculopathy was documented and electrodiagnostic studies were not performed. Additionally ESI alone offers no significant long-term functional benefit. Also the date of injury dates back to 2000 and the back injury began August 19, 2014. The medical record is unclear as to how the back injury is causally related to the original injury back in 2000. Based on clinical information the medical record of the peer-reviewed evidence-based guidelines, right L4 - L5 Selective Epidural Catheterization (ESI) is not medically necessary.