

Case Number:	CM14-0170166		
Date Assigned:	10/20/2014	Date of Injury:	01/17/2010
Decision Date:	11/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old male with a date of injury of 01/17/2010. The listed diagnoses per [REDACTED] are: 1.Recurrent disk herniation at L5-S1.2. Lumbosacral strain with bilateral radicular symptoms.3. Status post lumbar microdiscectomy L5-S1, 01/13/2011.According to progress report 08/04/2014, the patient presents ongoing low back pain with radiation to the right leg. He has numbness and tingling in the bilateral thighs when lying down, 60% of his pain is in his back and 40% is in his leg. Examination revealed tenderness noted of the lumbar paraspinal musculature. Range of motion was decreased on all planes. An updated MRI of the lumbar spine was obtained on 07/25/2014 which revealed mild degenerative changes of the lumbar spine resulting in moderate left foraminal stenosis at L5-S1. No significant central canal stenosis is noted in any level. The provider is requesting a caudal epidural injection. Utilization review denied the request on 09/05/2014. Treatment reports from 05/15/2014 through 08/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Request for a caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: This patient presents with low back pain that radiates into the right leg. The provider is requesting a caudal epidural steroid injection as the patient has failed to improve with work modification, medication, and conservative treatment. The provider states that the patient has recurrent disk herniation the L5-S1 post-microdiscectomy. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." This patient has not trialed epidural injections. In this case, the patient reports low back pain that radiates into the right leg, but the MRI showed "moderate left foraminal stenosis at L5-S1." There were no findings that would explain the patient's right leg symptoms. MTUS recommends ESI for patients with radiculopathy that is corroborated by MRI findings. Therefore, this request is not medically necessary.