

Case Number:	CM14-0028886		
Date Assigned:	06/27/2014	Date of Injury:	12/03/2009
Decision Date:	08/25/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported injury on 12/03/2009. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be medications, Physical Therapy, and use of a TENS unit. On 01/31/2014, the injured worker had a physical evaluation with complaints of low back pain. He stated his pain interfered with his ability to walk long distances or stand for long periods of time. He denied any weakness, numbness, or tingling, or any changes in bowel or bladder habits. The physical examination findings included positive mid-thoracic surgical scar, secondary melanoma. No gross abnormalities on inspection. Curvature of the spine was within normal limits. Range of motion was within normal limits in all planes. Flexion, extension, lateral side bending, axial rotation, and hyperextend were normal throughout, but limited by pain. Lumbar paraspinals were tender to palpation. Positive tenderness to facet loading. Motor exam was 5/5 bilaterally. Sensory exam was grossly intact, with the exception of decreased sensation in the lateral aspect of the calf and back of heel of the left lower extremity. Deep tendon reflexes were 2/4. The injured worker had negative iliac compression. Positive straight leg rise of the left lower extremity. Positive bowstring sign of the left lower extremity. The treatment plan included medication management, a caudal epidural injection to decrease his radicular syndrome of the lower extremities, and Acupuncture. The provider's rationale for the request was provided within the documentation dated 01/31/2014. A Request for Authorization for medical treatment was provided and dated 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject spine lumbar/sacral (Caudal epidural steroid injection for the lumbar spine L2-3 and L4-L5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Epidural Steroids in the management of chronic spinal pain pages 185-212.

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

Decision rationale: The request for inject spine lumbar/sacral (caudal epidural steroid injection for the lumbar spine L2-3 and L4-5) is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state invasive techniques are of questionable merit. Although ESI may afford short-term improvement, it offers no significant long-term functional benefit, nor does it reduce the need for surgery. In addition, the evidence for caudal epidural steroid injections is strong for short-term relief and moderate for long-term relief in managing chronic pain of lumbar radiculopathy and post-lumbar laminectomy syndrome. The injured worker has radicular complaints. However, the objective findings do not indicate decreased sensation to specific dermatomes. The documentation provided failed to include an official copy of an MRI to corroborate radiculopathy. Therefore, the request for injection at the lumbosacral (caudal epidural steroid injection for the lumbar spine L2-3 and L4-5) is not medically necessary.