

Case Number:	CM14-0039937		
Date Assigned:	06/27/2014	Date of Injury:	12/24/2001
Decision Date:	08/19/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in 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 76-year-old male who reported an injury on 12/24/2001. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications and home exercises. The injured worker's diagnoses were noted to be postsurgical low back, lumbar radiculopathy, right L5 radiculopathy, peripheral neuropathic pain in feet, and lumbar disc protrusion in L2-3 and L3-4. A clinical evaluation on 02/13/2014 noted the injured worker had complaints of increasing pain more on the left side of the low back extending into his hip and left leg down into the dorsum of the foot. The physical examination noted tenderness of the lumbar paraspinal musculature with taut muscle bands in the absence of frank muscle spasm. Range of motion was decreased to forward flexion at 45 degrees, extension at 15 degrees, and left and right lateral flexion at 15 degrees due to pain. There was a positive straight leg raise on the left at 60 degrees and positive hyperesthesia along the L5 distribution level on the left as compared to the right. The treatment plan was to continue medications. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection to left L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

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

Decision rationale: The request for Caudal epidural steroid injection to left L5 is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. The purpose of an epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction in medication use, and avoiding surgery, but this treatment offers no significant long term functional benefit. The criteria for use of epidural steroid injections include documented radiculopathy due to herniated nucleus pulposus, not spinal stenosis. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The documentation must provide failed conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy and injection of contrast for guidance. The neurological examination and the physical findings do not indicate decreased reflexes or decreased strength. The documentation failed to provide an official copy of an MRI to corroborate radiculopathy. Therefore, the request for Caudal epidural steroid injection to the left L5 is not medically necessary.