

Case Number:	CM14-0046147		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2007
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 55-year-old male with a reported date of injury on 03/29/2007. The injury reportedly occurred when the injured worker lifted a heavy connector. His diagnoses were noted to include right shoulder pain, cervical spine pain, and lumbar pain. His diagnoses were noted to include cervical radiculopathy at the C5-6 levels, lumbar spine surgery with residual pain, and lumbar radiculopathy. His previous treatments were noted to include acupuncture, activity modification, and medications. The progress report dated 01/20/2014 revealed the injured worker complained of right shoulder pain that radiated up the right side of his neck as well as lower back pain and lower extremity weakness. The injured worker reported numbness and tingling in the hands as well as both feet. There was decreased range of motion to the lumbar spine and pain on the spinous processes of L2-5 on the midline and pain on the facets at L4-5 and L5-S1. Sacroiliac joint compression test elicits pain 2+ on the right and 1+ on the left. There were muscle spasms from T12-L5 with moderate intensity and a positive straight leg raise. The Lasegue's and Patrick FABERE test were positive, more so on the right. There was decreased sensation in the dermatomes of L5-S1 on the right and deep tendon reflexes were 1+ on the right and 2+ on the left. CT scan of the lumbar spine showed good fixation and apparent union of the L5-S1 fusion and a small 2 mm disc protrusion at L4-5. The Request for Authorization form was not submitted within the medical records. The request was for a Lumbar Caudal Epidural Steroid Injection with Fluoroscopy; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Use of Epidural Steroid Injections; AMA guides, 5th edition, page 382-383.

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

Decision rationale: The request for Lumbar Caudal Epidural Steroid Injection with Fluoroscopy is not medically necessary. The injured worker has pain to the L2-5 on the midline, and pain on the facets at L4-5, L5-S1, and decreased tendon reflexes and decreased sensation in the dermatomes of L5 and S1, more so on the right and a positive straight leg raise. The California Chronic Pain Medical Treatment Guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of Epidural Steroid Injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using Fluoroscopy (live X-Ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The CT scan of the lumbar spine showed a small 2 mm disc protrusion at L4-5; however, there is a lack of documentation regarding foraminal stenosis or central canal narrowing. There is a lack of documentation regarding failure of conservative care. Additionally, the request failed to provide the level at which the injection is to be administered. Therefore, the request is not medically necessary.