MAXIMUS Federal Services

Case Number:	CM14-0049217		
Date Assigned:	06/25/2014	Date of Injury:	12/11/1998
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Pysical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 75-year-old male who reported an injury on December 11, 1998. The mechanism of injury was not provided. On February 25, 2014 the injured worker presented with severe pain in the bilateral legs. He is status post right caudal epidural injection done on November 6, 2014. On examination the injured worker was very uncomfortable, had a positive sciatic stretch test on the left side at 70 degrees of hip flexion, pain that referred down his legs into his calf and heel, motor exam was intact, and the reflexes were symmetrical. The diagnoses were lumbar degenerative disc disease with history of lumbar laminectomy and discectomy and persistent bilateral lumbar radiculitis. The provider recommended a right caudal lumbar epidural steroid injection under fluoroscopic guidance. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right caudal lumbar epidural steroid injection (LESI) under fluoroscopic guidance: Upheld

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

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

Decision rationale: The right caudal lumbar epidural steroid injection under fluoroscopic guidance times 1 is non-certified. The Chronic Pain Medical Treatment Guidelines states ESI is an option for treatment for radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including a home exercise program. There is no information on improved function. The criteria for use of ESI includes radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, no more than 2 root levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination and corroborated by imaging studies. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment which would include exercises, physical methods, and medications. The provider stated that the injured worker had good results from the first epidural steroid injection. However, there is no quantifiable evidence in relation to decreased medication and a complete and adequate pain assessment provided. As such, the request for one right caudial LESI under fluoroscopic guidance is not medically necessary or appropriate.