

Case Number:	CM14-0059933		
Date Assigned:	07/09/2014	Date of Injury:	06/11/2006
Decision Date:	09/16/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physician Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 06/11/2006 due to heavy lifting. The injured worker's diagnoses include status post fusion 360-degree lumbar spine with residual pain with progression of back and leg pain, GI gastritis, exogenous obesity, and symptoms of anxiety and depression. Prior treatments included a Toradol injection. Prior diagnostic studies included an x-ray of the lumbar spine in 2006, an MRI of the lumbar spine was performed on 01/24/2007 which revealed decreased image resolution secondary to the patient's size, there was a large central focal protrusion of L3-4 of 5 to 6 mm with severe central stenosis, congenital spinal stenosis with degenerative facet disease at L4-5 with mild central stenosis, right paramedial focal protrusion at L5-S1 with mild central and mild right sided foraminal stenosis, and status post discectomy and laminectomy at L5-S1. On 03/19/2010, the injured worker underwent an Electromyography (EMG)/Nerve Conduction Velocity (NCV) which revealed evidence of chronic bilateral L5 and/or S1 radiculopathy with active ongoing denervation and there was no evidence of any other neuropathy, plexopathy, or any other radiculopathy in the bilateral lower extremities were noted based on this test. On 03/22/2013, an EMG/NCV was conducted indicating evidence of chronic L5 nerve root irritation on both sides, there was no electrophysiological evidence to support distal peripheral neuropathy in the lower extremities. The injured worker underwent surgery for a herniated disc on 09/13/2006 and fusion surgery was conducted on 07/12/2007. On 03/12/2014, the injured worker reported ongoing complaints of low back pain radiating down to bilateral legs and feet. He rated the pain at an 8/10 on the pain scale. The lumbar spine range of motion indicated flexion was 45 degrees, extension was 20 degrees, bending to the right and to the left was 40 degrees, there was a positive straight leg raise test at 60 degrees on the right and 70 degrees on the left eliciting pain at L5 and S1 dermatome distribution. Deep tendon reflexes for the knees and ankles were +2

bilaterally. There was paraspinal tenderness with paraspinal spasms noted. The injured worker was prescribed Anaprox, Prilosec, Norco, Ultram, Zanaflex, cyclobenzaprine, and Medrox patches starting on 03/12/2014. The physician's treatment plan was to perform a caudal epidural steroid injection to the lumbar spine due to positive clinical findings of radiculopathy confirmed by electrodiagnostic findings at L4-5 bilaterally. The MRI results were also positive for multilevel disc herniation. However, the injured worker's diabetes was still not under control and the physician will wait for clearance via the internal medicine surgical team. The physician was requesting a caudal epidural steroid injection for the lumbar spine to alleviate pain. The Request for Authorization form was not provided within these documents.

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 the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Manchikanti, 2003, CMS, 2004, Boswell, 2007.

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

Decision rationale: The request for Caudal Epidural Steroid Injection to the Lumbar Spine is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections include documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative care treatments including exercises, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy. An Electromyography (EMG)/Nerve Conduction Velocity (NCV) and MRI confirm the presence of radiculopathy. The physician reports the injured worker has not gained control of his ongoing diabetes and has not been cleared by presurgical medical examination for this procedure related to the ongoing concerns of diabetes. There is a lack of documentation indicating the injured worker has significant objective findings of neurologic deficit upon physical examination. As such, the request for Caudal Epidural Steroid Injection to the Lumbar Spine is not medically necessary.