

Case Number:	CM14-0063151		
Date Assigned:	07/14/2014	Date of Injury:	01/05/2008
Decision Date:	09/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36 year old female with an injury date of 01/02/08. Based on 03/25/14 progress report provided by [REDACTED], the patient complains of low back pain that radiates down bilateral extremities. Pain is rated 7/10 with medication, and 10/10 without. A progress report dated 02/25/14 states that patient utilizes a cane in order to ambulate. Patient has Intrathecal Pump and is given morphine, Bupivacaine and Baclofen. She is also prescribed Hydrocodone and vitamin D. The physical exam of lumbar spine on 03/25/14 revealed a spasm in bilateral paraspinous musculature, tenderness noted on palpation of spinal vertebral area L4-S1, decreased range of motion; especially extension limited to 5 degrees. A sensory exam which showed decreased sensitivity to touch along L5-S1 dermatome in both lower extremities. A motor exam which showed decreased strength in bilateral lower extremities. A straight leg raise test that was positive bilaterally at 30 degrees with patient seated. A lower extremity examination revealed tenderness at left hip, decreased range of motion of lower extremities decreased and a decrease in range of motion of the left knee decrease due to pain. The patient's diagnoses include chronic pain, failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion, lumbar spine, cauda equina residual. Dr. [REDACTED] is requesting bilateral L5-S1 caudal epidural. The utilization review determination being challenged is dated 04/10/14. No rationale found. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 10/11/13 - 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Caudal Epidural: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient presents with low back pain that radiates down bilateral extremities. The request is for bilateral L5-S1/caudal epidural. A physical exam of lumbar spine on 03/25/14 noted spasm in bilateral paraspinous musculature and tenderness on palpation of spinal vertebral area L4-S1. Patient also presented with decreased range of motion, and Sensory exam showed decreased sensitivity to touch along L5-S1 dermatome in both lower extremities. MTUS states the following "criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Though patient shows radicular symptoms in both legs 03/25/14 progress report, there was no imaging studies found in review of reports that corroborates radiculopathy. The physician does not discuss MRI findings either. The request does not meet MTUS criteria. Finally, the request appears to be for 3 levels, bilateral at L5-S1 and caudal. MTUS recommends no more than 2 level injections. Therefore the request is not medically necessary.