

Case Number:	CM14-0087469		
Date Assigned:	07/23/2014	Date of Injury:	01/12/2013
Decision Date:	10/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 57 year old male who was reportedly injured on 01/12/2013. The mechanism of injury is unknown. The last progress report dated 05/15/2014, the injured worker complained of low back pain that radiated into the bilateral buttocks and rated a 4-5/10. On examination, there was tenderness to palpation over the paravertebral muscles bilaterally, over the L5-S1 facets. The lumbar range of motion was at 42 degrees at flexion, 12 degrees in extension, and 22 degrees in left lateral bend. There was pain with extension and right lateral bending, improved with forward flexion. Positive facet loading was noted. Diagnoses are L4-L5 disc degeneration, several lateral recess stenosis left L3-4, severe bilateral lateral recess and foraminal stenosis L4 and L4-S1 facet arthropathy. A request was made for caudal epidural steroid injection to the lumbar spine and was denied on 06/14/2014.

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 Criteria for the use of Epidural steroid injections.

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

Decision rationale: As per the California MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, there is little to no evidence of radiculopathy corroborated with imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established.