

Case Number:	CM14-0089591		
Date Assigned:	07/23/2014	Date of Injury:	01/06/2010
Decision Date:	12/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine 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 40-year-old male who has submitted a claim for post-lumbar laminectomy syndrome associated with an industrial injury date of 1/26/2010. Medical records from 2014 were reviewed. The patient complained of persistent low back pain radiating to the left leg aggravated by movement. He reported 60% improvement from previous caudal epidural steroid injection. Physical examination of the lumbar spine showed well-healed scar, limited and painful motion, no weakness, no sensory deficit, and +1 Achilles reflex bilaterally. Straight leg raise test was positive on the left. The official MRI result was not submitted for review. Treatment to date has included caudal epidural steroid injections on 3/18/2014 and 1/14/2014, bilateral laminectomy and discectomy at L4-L5 and bilateral laminectomy and discectomy at L5-S1 on 2/27/2013, and medications. The utilization review from 5/15/2014 denied the request for caudal epidural steroid injection with RACZ (catheter) left L1-L2 because of no corroborating EMG or MRI evidence of radiculopathy to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with RACZ (catheter) left L1-L2: 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 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. 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 six to eight weeks. In this case, the patient complained of persistent low back pain radiating to the left leg aggravated by movement. Physical examination of the lumbar spine showed well-healed scar, limited and painful motion, no weakness, no sensory deficit, and +1 Achilles reflex bilaterally. Straight leg raise test was positive on the left. However, the most recent examination failed to show evidence of radiculopathy. Moreover, the official MRI result was not submitted for review. Although the patient reported 60% improvement from previous caudal epidural steroid injection, the duration of pain relief was not documented. Guideline criteria for repeat injection were not met. Therefore, the request for caudal epidural steroid injection with RACZ (catheter) left L1-L2 is not medically necessary.