MAXIMUS Federal Services

Case Number:	CM14-0123786		
Date Assigned:	08/08/2014	Date of Injury:	02/18/2014
Decision Date:	07/07/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial injury on February 18, 2014. He reported lifting a heavy carton when he felt severe pain in his low back, developing pain down his leg. The injured worker was diagnosed as having lumbar sprain/strain, pelvic joint pain, and sciatica. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of low back pain that goes to the left thigh with occasional paresthesias of the left hip. The Primary Treating Physician's report dated June 23, 2014, noted the injured worker with a positive straight leg raise on the left leg with tender left lumbar paraspinals and muscle guarding and decreased range of motion (ROM) of the lumbar spine. The treatment plan was noted to include awaiting authorization for a lumbar MRI, aquatic therapy, and consideration of an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal epidural injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one caudal epidural injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured workers working diagnoses are spraying lumbar region; sciatica; and joint pain pelvis. The request for authorization is dated June 24, 2014. The date of injury is February 18, 2014 in a progress note dated March 21, 2014, worker complained of low back pain. The injured worker received 12 sessions of physical therapy, Norco and requested a lumbar spine MRI. According to a June 23, 2014 progress note, the MRI of the lumbar spine was denied. There were no unequivocal neurologic findings noted on physical examination. There were no objective findings of radiculopathy documented in medical record. An MRI was not performed and there were no electrodiagnostic tests performed. Additionally, the injured worker completed six sessions of physical therapy, but the treating provider requested an additional six sessions of aquatic therapy (subsequently authorized). Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination corroborated by other imaging studies and/or electrodiagnostic testing and failed conservative treatment (aquatic therapy), one caudal epidural injection is not medically necessary.