

Case Number:	CM14-0125006		
Date Assigned:	08/11/2014	Date of Injury:	03/24/2005
Decision Date:	01/26/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 56-year-old gentleman with a date of injury of 03/24/2005. A treating physician note dated 03/13/2014 identified the mechanism of injury as an assault by three people, resulting in lower back pain. Treating physician notes dated 02/27/2014, 03/13/2014, and 03/19/2014 indicated the worker was experiencing lower back pain that went into both thighs and leg numbness and weakness. Documented examinations described decreased motion in the lower back joints, tenderness with spasm in the lower back muscles, positive lower back facet loading testing on both sides, decreased sensation in the legs following the L4-S1 spinal nerves, and decreased reflexes at both ankles and knees. The submitted and reviewed documentation concluded the worker was suffering from lumbar facet syndrome, lumbar radiculopathy, lumbar post-laminectomy syndrome, depression, and erectile dysfunction. Treatment recommendations included oral pain medications, medications injected near the spine nerves in the lower back, MRI imaging of the lower back, consultation with a urologist and psychologist, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 07/18/2014 recommending denial for a caudal epidural with a catheter. A MRI imaging report dated 04/07/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural with catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both thighs and leg numbness and weakness. These records report the worker had three prior injections, with decreased pain intensity lasting only two weeks. There was no documentation of decreased pain medication. Further, the MRI imaging report dated 04/07/2014 was not consistent with radiculopathy. For these reasons, the current request for a caudal epidural with a catheter is not medically necessary.