

Case Number:	CM14-0198503		
Date Assigned:	12/08/2014	Date of Injury:	05/22/1990
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 67 year old female with a reported industrial injury on May 20, 1990, she sustained a neck, upper back, mid back, lower back, both shoulders, both legs and bilateral knee injury after trying to jump from one machine to another and slipped and grabbed onto something and felt a sharp pain in her back. The injured worker was seen on October 25, 2014 for follow-up visit with her primary physician. The presenting complaints included pain in mid back, lower back and both knees radiating to the legs. The pain was associated with numbness and tingling in the arms, hands, legs and feet as well as weakness in the arms and legs. The pain is described as being constant in frequency and severe in intensity. The pain is aggravated by bending forward/backwards, reaching, kneeling, stooping, crawling, exercising, coughing, straining, bowel movements, pushing shopping cart, leaning forward and prolonged standing, sitting and walking. The physical exam revealed the injured worker was unable to don and off her shoes independently and she sits uncomfortably. The musculoskeletal examination of the lumbar spine reveals limited flexion, extension, lateral side bending and rotation, there was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, right greater than left, the right sciatic notch showed tenderness, there was no tenderness over the lumbar spinous process, there was positive lumbar facet loading maneuver bilaterally, right greater than left, sacroiliac joint tenderness bilaterally, righter greater than left straight leg testing and Patrick's testing not performed at the request of the injured worker. Sensory exam, motor strength testing and deep tendon reflexes all with in normal limits. The diagnostic studies have included studies of the neck, back, shoulders and knees, the specific testing not provided. She has been seen by a chiropractor, orthopedic surgeon, general practitioner and pain management doctor. The medical treatment is trigger point injections, Laminectomy date not given, TENS unit which provided moderate pain relief, acupuncture and chiropractic treatment sessions

without relief. Diagnoses are post laminectomy syndrome and lumbago. The treatment plan was to continue conservative management for complaints of the low back and radicular pain including a trial of a therapeutic spinal injection, medication included tramadol, Neurontin, Flexeril and Methoderm topical. The injured worker is temporally totally disabled. On October 31, 2014 the provider requested caudal epidural steroid injections with catheter to low back times one, on November 12, 2014 the Utilization Review denied the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

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 catheter to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Caudal epidural steroid injection with catheter to low back: is not medically necessary