MAXIMUS Federal Services

Case Number:	CM14-0200791		
Date Assigned:	12/11/2014	Date of Injury:	09/01/2003
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 patient is a 69-year-old man who sustained a work-related injury on September 1, 2003. Subsequently, he developed chronic low back pain. Prior treatments included: medications (Diclofenac, Norco, Soma, and Rapaflo), use of brace, physical therapy with some relief, TENS therapy with no relief, pool therapy with some relief, acupuncture with no relief, chiropractic manipulations with no relief, L3 to S1 interbody fusion with hardware with no relief, and bilateral lumbar transforaminal nerve-root block dated September 9, 2014. The patient also underwent caudal epidural steroid injection on October 21, 2014 with good relief. MRI of the lumbar spine dated May 23, 2013 showed multilevel interbody fusion as well as posterior laminectomy and pedicle screw fixation at L3-S1. There were no unusual postsurgical findings. CT scan of the lumbar spine reviewed March 13, 2014 showed L3-4, L4-5, and L5-S1 pasterolateral fusion and posterolateral interbody fusion. There was bilateral foraminal stenosis left greater than right at L3-4, possible foraminal at L4-5 and L5-S1. The right pedicle screw was a little bit lateral, although did not contact with the bone. EMG/NCS performed October 2, 2014 documented chronic reinnervation changes seen in the bilateral L4-S1 innervated muscles. According to a progress report dated October 27, 2014, the patient complained of lumbar and leg pain. The patient reported the onset of pain was sudden. He described the pain as constant, burning, electric shock like, sharp, shooting, and tingling. The pain radiated to the bilateral lower extremities. At worst the pain was 9/10 and on average the pain was about 3/10. Other associated symptoms included frustration because of pain, muscle cramps, non-restful sleep and weakness. The patient reported pins and needles associated with pain. On physical examination of the lumbar spine, there was no tenderness on the spinous process. There was tenderness of the paraspinal musculature bilaterally. There was bilateral paraspinal bulk abnormality. There was increased paraspinal tone bilaterally. There was pain upon palpation of the sacral iliac joints.

There were hyperirritable spots with palpable nodules in taut bands noted. Compression of a trigger point elicited local tenderness, referred pain, and a local twitch response. Anterior flexion of the lumbar spine was noted to be 50 degrees, with pain. Extension of the lumbar spine was noted to be 15 degrees and with pain. Left lateral flexion was noted to be 10 degrees. There was pain on left lateral flexion. Right lateral flexion of the lumbar spine was noted to be 10 degrees and with pain. There was pain in the lumbar area and left greater than right leg pain traveling to the heel of the foot. The provider request authorization for caudal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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 signficant log 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 does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Caudal epidural steroid injection is not medically necessary.