

Case Number:	CM14-0206393		
Date Assigned:	12/18/2014	Date of Injury:	12/17/2003
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 63-year-old man who sustained a work-related injury on December 17, 2003. Subsequently, he developed chronic low back pain. The patient received a lumbar epidural steroid injection via the caudal approach on April 10, 2013 and reported substantial reduction of his pain by greater than 50%. He also has had trigger point injections in January, March, May, August, and November of 2014 with 50% reduction in pain. According to the follow-up report dated November 5, 2014, the patient reported increased pain in the back with increased pain radiating to the left leg. Previous trigger point injections improved the localized back pain but have not changed the left lower extremity pain. The patient reported increasing numbness of the leg. He reported his pain generally was an 8/10 and was associated with increasing numbness and even weakness of the left leg. Physical examination revealed mild diffuse tenderness over the left lumbar paravertebral and gluteal regions. There was decreased lumbar range of motion. There was positive straight leg raising test on the left to 45 degrees and negative on the right to 90 degrees. The patient had sensory deficits along the left L4, L5, and S1 dermatomes. Deep tendon reflexes of the Achilles tendon were absent bilaterally. Patellar tendon reflexes were 2+ bilaterally. There was decreased strength of the left gastrocnemius, anterior tibialis, and extensor hallucis longus. The patient had an antalgic gait to the left. MRI of the lumbar spine dated April 24, 2014 did not document neural compression. The patient was diagnosed with chronic low back pain due to chronic pain syndrome and failed back syndrome with degenerative disc disease and degenerative joint disease, status post anterior and posterior fusion on August 9, 2005 and L3-L4 discectomy and fusion on May 20, 2007; status post dorsal column stimulator

implantation on March 7, 2011 and subsequent removal on October 26, 2013; history of major depressive disorder, anxiety, and insomnia; history of constipation, sexual impotency related to erectile dysfunction; and neck and upper extremity pain with numbness and weakness consistent with cervical radiculopathy. The provider requested authorization for Lumbar Epidural Steroid Injection-Caudal Approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection-caudal approach: Upheld

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

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 has been no electrodiagnostic study to indicate presence of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for caudal epidural steroid injection for the lumbar is not medically necessary.