

Case Number:	CM14-0206851		
Date Assigned:	12/18/2014	Date of Injury:	02/28/2007
Decision Date:	02/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 56 year-old male with a 2/28/07 date of injury. According to the 7/25/14 orthopedic report, the patient presents with low back pain traveling to the right leg. The diagnoses includes chronic discogenic low back pain; radiculopathy bilateral lower extremities; myofascial pain syndrome. The pain is described as 7/10, pressure and aching and numbness and tingling. On exam SLR is positive on the right supine, and positive bilaterally seated. The exam findings appear template as the physician reports diminished sensation to light touch in the L5 dermatome, then in the next sentence states there is no loss of sensibility or abnormal sensation in the L5 dermatome. The same contradictory statements are made in the S1 dermatome. On 11/10/14 utilization review denied a caudal lumbar epidural injection, noting the patient has multiple epidural injections in the past with the last being on 2/8/2013; and there was no documentation of relief with prior injections, and no MRI reports provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection - Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Low Back Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The request is for a caudal epidural steroid injection. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS criteria for the use of epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The physical examination reported on 7/25/14 are contradictory with one sentence stating there are abnormal sensory findings in the L5 and S1 dermatomes, and the next sentence stating there are no abnormal sensory findings. The provided MRI report is dated 11/29/12, with flexion and extension and states there is no evidence of canal or neural foraminal narrowing at L4/5 or L5/S1. It is not clear if radiculopathy has been documented in the physical exam and the MRI does not provide any findings that would support radiculopathy. The records indicate the patient has had prior epidural injections, but there is no reporting on efficacy of the prior injections. The request is not in accordance with MTUS guidelines. Therefore, this request is not medically necessary.