

Case Number:	CM15-0100681		
Date Assigned:	06/03/2015	Date of Injury:	11/03/2012
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained a work related injury November 3, 2012. While loading a box onto a boat, he felt low back pain radiating down his right lower extremity. Past history included hypertension, right L4-S1 decompression 12/2013, depression, and obesity. According to a treating physician's progress report, dated April 14, 2015, the injured worker presented with continued right lower back pain, radiating down the right lower extremity and posterior thighs. He currently is applying heat, TENS unit, and topical medications to the affected area and taking Ultram and Naprosyn. He does report gastrointestinal distress and a recent weight loss of 6 pounds attributed to a change in diet. Lumbar examination revealed guarded range of motion and a positive straight leg raise on the right lower extremity. There is chronic numbness in the fourth and fifth digits of his right foot. His gait is guarded and antalgic, but he does have good power with motor bilaterally intact, L2-S1. An MRI of the lumbar spine, dated October/2014 is present in the medical record. Assessment is documented as lumbar radiculopathy; lumbar degenerative disc disease; lumbar post-laminectomy syndrome; lumbago. Treatment plan included discussion of continued weight loss, medication, behavioral therapy, continued home exercise program, and at issue, the request for authorization for caudal epidural steroid injection of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the lumbar spine (sacral, epidural, subarchn) caudal epidural steroid:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for radiating low back pain with right lower extremity radicular symptoms. When seen, there was a positive right straight leg raising and decreased right lower extremity sensation with an antalgic gait. An MRI of the lumbar spine in October 2014 including findings of a right lateralized L4-5 disc herniation affecting the right L5 nerve. Epidural steroid injections are recommended as an option for the treatment of radicular pain. The three approaches most commonly used are caudal, interlaminar, and transforaminal. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant has MRI evidence of radiculopathy with physical examination findings of decreased lower extremity sensation and positive straight leg raising. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed at the caudal level under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.