

Case Number:	CM15-0104095		
Date Assigned:	06/08/2015	Date of Injury:	01/02/2006
Decision Date:	07/14/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 01/02/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar fusion, exacerbated lumbar pain, lumbar radiculopathy, cervical disc protrusion with radiculopathy, bilateral shoulder tendinosis, bilateral knee tendinosis, and right wrist tendinosis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, use of a cane, status post lumbar fusion, medication regimen, and physical therapy. In a progress note dated 04/13/2015 the treating physician reports complaints of dull, aching pain to the low back with associated symptoms of spasms, along with lower extremity numbness, tingling, weakness, and pain. The injured worker's pain level is rated a 9 out of 10. The injured worker also has complaints of pain to the neck, shoulders, and bilateral knees. The treating physician notes that the injured worker's pain is partially and temporarily relieved with the medication Norco. Examination reveals an antalgic gait, spasms and tenderness over the lumbar spine, a decrease in range of motion to the lumbar spine, a positive straight leg raise bilaterally, and a decreased sensation over the L5 and S1 distribution and at the C6 distribution. The treating physician requested a caudal epidural steroid injection noting a lack of improvement with multiple interventions that included oral medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 caudal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs) - therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: Review indicates clinical findings with decreased sensation over L5 and S1, but with intact motor strength and reflexes. The patient is also s/p lumbar fusion at L5-S1 on 12/3/13 now with request for epidural, a contraindication for injection at surgical site. Post surgery CT scan on 9/18/14 showed post-surgical changes, but without stenosis or nerve impingement. Electrodiagnostics also did not reveal acute radiculopathy. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The 1 caudal epidural injection is not medically necessary and appropriate.