

Case Number:	CM15-0146827		
Date Assigned:	08/07/2015	Date of Injury:	11/07/2014
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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 31 year old male, who sustained an industrial injury on 11-7-14. The injured worker has complaints of low back pain. The documentation noted that there is tenderness with loss of range of motion. The documentation noted positive straight leg raising test on the right at 30 degrees. The diagnoses have included multileveled disc protrusion lumbar spine and lumbar radiculopathy. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) showed disc protrusions at L4-5 and L5-S1 (sacroiliac); Hydrocodone and ibuprofen. The request was for ultrasound guided caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for back pain. Treatments have included medications, physical therapy, and an L3-4 lumbar epidural steroid injection without pain relief after the injection. When seen, there was lumbar tenderness. There was decreased lower extremity sensation and lower extremity reflexes were abnormal. A caudal epidural steroid injection is being requested, An MRI of the lumbar spine in February 2015 including findings of mild to moderate multilevel lumbar spinal stenosis at L3-4 and L4-5. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, there was no improvement after the L3-4 interlaminar epidural steroid injection without apparent technical deficiency in the procedure performed. The requested caudal epidural steroid injection would be a less targeted approach given the identified areas of lumbar spinal stenosis by imaging. The requested second epidural steroid injection was not medically necessary.