

Case Number:	CM15-0169272		
Date Assigned:	09/09/2015	Date of Injury:	05/12/2015
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 53 year old male who sustained an industrial injury on May 12, 2015. The worker was employed as a machine operator. The accident was described as while working he was instructed by his supervisor to lift a heavy box putting it onto a pallet. He experienced acute onset of sharp pain to the low back, mid back and left buttock. An initial primary treating office visit dated June 02, 2015 reported chief subjective complaint of constant low back pain radiating into the left lower extremity more than right associated with tingling, numbness, weakness, cramps, and constant neck pain radiating into bilateral shoulders. A primary treating office visit dated August 05, 2015 reported chief complaint as unchanged from the June visit. There is recommendation to undergo nerve conduction study, chiropractic therapy, magnetic resonance imaging study, use of interferential unit, and to receive a caudal epidural block injection. Current medication regimen consisted of Anaprox, Ultram, Prilosec and a topical compound cream. The impression noted possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-5, L5-S1; possible lumbar sprain and strain; constant bilateral lumbosacral radicular pain; possible bilateral cervical facet pain C4-5, C5-6; possible cervical strain and sprain, and bilateral shoulder pain which is referred pain from cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal Epidural Block with bilateral L5 transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Epidural steroid injections (ESIs) and on the Non-MTUS, Mendoza-Lattes, Sergio et al. Comparable effectiveness of caudal vs. Trans-Foraminal epidural steroid injections. The Iowa Orthopaedic Journal 29 (2009): 91-96. Print.

Decision rationale: 1 Caudal Epidural Block with bilateral L5 transforaminal block is not medically necessary per the MTUS Guidelines and a review comparing effectiveness of caudal vs. transforaminal injections. The MTUS states that no more than two nerve root levels should be injected using transforaminal blocks and there should be no more than one interlaminar level should be injected at one session. In a review of the effectiveness of caudal and trans-foraminal epidural steroid injections for the treatment of primary lumbar radiculopathy the two injections were found to be equivalent in terms of outcome/efficacy. The documentation does not reveal extenuating factors that necessitate the simultaneous injection at both the caudal epidural level and at the bilateral L5 transforaminal level, therefore this request is not medically necessary.