

Case Number:	CM15-0180332		
Date Assigned:	09/22/2015	Date of Injury:	04/28/2015
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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 35 year old female, who sustained an industrial injury on 4-28-15. The injured worker is undergoing treatment for lumbosacral intervertebral disc degeneration and intervertebral displacement without myelopathy. Medical records dated 8-20-15 indicate the injured worker complains of low back pain going down the right leg with numbness and tingling Physical exam dated 8-20-15 notes lumbar tenderness to palpation with decreased range of motion (ROM) and positive straight leg raise on the right. Treatment to date has included physical therapy and lumbar magnetic resonance imaging (MRI) on 7-7-15 indicates symmetric disc bulge contacts the descending nerve root on the right, stenosis and curvature of the spine. Office visit dated 6-25-15 indicates increasing symptoms of radicular pain down the right leg including numbness and tingling. Physical exam notes positive straight leg raise on the right with absent reflexes at the right ankle compared to the left. There is lumbosacral tenderness to palpation into the right buttocks. The original utilization review dated 9-9-15 indicates the request for ultrasound guided lumbar caudal epidural steroid injection is non-certified noting lack of objective findings of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound (US) guided lumbar caudal epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <https://www.spine.org/portals/0/documents/policypractice/coveragerecommendations/lumbar-epiduralinjections.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with right low back pain and leg pain. The request is for ultrasound (US) guided lumbar caudal epidural steroid injection (ESI). The request for authorization is dated 09/01/15. X-ray of the lumbar spine, 04/30/15, shows mild scoliosis with rotatory component, convex to the right with the apex at L3. MRI of the lumbar spine, 07/07/15, shows symmetric disc bulge at L4-L5 contacts the descending nerve root on the right without displacing it; asymmetric disc bulge into the right neural foramen at L5- S1 contacts the exiting right nerve root, mild bilateral foraminal stenosis is present at this level; mild right convex curvature of the spine. Physical examination of the lumbar spine reveals tenderness to palpation is moderate. Range of motion: flexion 45 deg. and extension 10 deg. and no pain with motion. Seated straight leg raising test positive on the right. Patient has received 8 visits of physical therapy. Per progress report dated 09/24/15, the patient is temporary total disability. MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." Per progress report dated 09/24/15, "They have made the final decision to proceed with Caudal ESI injection number 1 today. Procedure performed: Ultrasound guided caudal ESI. The patient tolerated the procedure well." It appears the treater has performed the Caudal ESI prior to authorization. In this case, radicular symptom is documented by physical examination finding in patient by positive straight leg raise test. However, provided imaging studies do not show significant evidence to corroborate radiculopathy. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Therefore, the request WAS NOT medically necessary.