

Case Number:	CM15-0031565		
Date Assigned:	02/24/2015	Date of Injury:	09/30/2004
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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 51-year-old male, who sustained an industrial injury on 9/30/04. He has reported low back pain, worse on left than on right. The diagnoses have included lumbar disc displacement without myelopathy, degeneration lumbar disc and post laminectomy syndrome, lumbar. Treatment to date has included epidural injections, L5-S1 discectomy, physical therapy and oral medications. Currently, the injured worker complains of low back pain. On physical exam, dated 1/26/15 tenderness is noted on palpation of lumbosacral spine. On 2/12/15 Utilization Review non-certified 1 caudal epidural injection, noting the guidelines are clear that epidural steroid injection should be considered only if there is documented in reduction in pain and medication use. The MTUS, ACOEM Guidelines, was cited. On 2/18/15, the injured worker submitted an application for IMR for review of 1 caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One caudal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: According to the 01/26/2015 report, this patient presents with "low back pain and bilateral sciatica, worse on the left than on the right" with history of L5-S1 discectomy. The current request is for one caudal epidural injection. The request for authorization is on 02/03/2014. The patient's disability status is to "remain off-work >1 year," per 11/18/2014 report. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injections, MTUS requires "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." According to the records made available for review, the patient states "he has had them before in 2005 with up to 50% benefit exceeding six weeks." In this case, the patient has had prior epidural steroid injections 10 years ago with improvement. However, in reviewing the recent reports provided by the treating physician there are no examination findings documenting signs of radiculopathy and there are no MRI or EMG/NCV findings to corroborate radiculopathy. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The request is not medically necessary.