

Case Number:	CM15-0035764		
Date Assigned:	03/04/2015	Date of Injury:	01/21/2011
Decision Date:	08/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 38-year-old female sustained an industrial injury to the low back on 1/21/11. Magnetic resonance imaging lumbar spine (11/21/14) showed mild multilevel lumbar spondylosis with disc desiccation. Past medical history was significant for diabetes mellitus and gastroesophageal reflux disease with significant gastrointestinal upset when taking Norco. Electromyography/ nerve conduction velocity test of bilateral lower extremities (1/20/15) was inconclusive due to the injured worker being unable to tolerate the exam. In a pain consultation dated 1/22/15, the injured worker complained of ongoing low back pain with bilateral lower extremity weakness. The injured worker reported that she was doing well with the Butrans patch. Physical exam was remarkable for mild to moderate tenderness to palpation to the right posterior superior iliac spine with decreased strength to the right sided hip and knee flexors and extensors. Current diagnoses included lumbar spine radiculopathy. The treatment plan included rescheduling electromyography/nerve conduction velocity test bilateral lower extremities and a trial of epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar Caudal Epidural Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy made by the physical examination. In the absence of such documentation, the currently requested Lumbar Caudal Epidural Injection is not medically necessary.