

Case Number:	CM15-0046090		
Date Assigned:	03/18/2015	Date of Injury:	01/28/2014
Decision Date:	04/24/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 (IW) is a 36 year old male who sustained an industrial injury on 01/28/2014. He reported low back pain with numbness in the right thigh. The injured worker was diagnosed as having degenerative disc disease and bilateral L5 radiculopathy. Treatment to date has included a bilateral L5 transforaminal epidural steroid injection (ESI) on 10/29/2014 with equivocal results. The ESI was noted on 12/19/2014 to give significant (50%) improvement in the pain and radicular symptoms. An earlier handwritten note of 11/10/2014 had stated there was 0% improvement. He did report improvement with use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit. Currently, the injured worker complains of low back pain and a caudal epidural steroid injection is planned. A Request for Authorization for a caudal epidural steroid injection under fluoroscopy is under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under fluoroscopy: 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: This patient has a date of injury of 01/28/14 and presents with low back pain with numbness into the bilateral thighs. The current request is for a caudal epidural steroid injection under fluoroscopy. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section, pages 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatome distribution with corroborative findings of radiculopathy." Physical examination on 12/19/14 revealed Neuro-circular status is intact, TTP at the L5-S1 disc space, ROM is limited, EHL is 4/5, and sensation is decreased in the left L5 dermatome distribution. SLR and slump tests are positive. The patient has an epidural injection to the bilateral L5 on 10/29/14 with "significant improvement (50%)" and now the pain has returned and the physician requests a caudal ESI. This patient presents with radicular symptoms; however, the MRI findings do not corroborate the patient's lower extremity complaints. MRI findings from 07/25/14 revealed at L4-5 minimal bulge, mild to moderate right neural foraminal narrowing and annular fissure noted bilaterally. At level L5-S1 there was minimal broad based bulge without canal stenosis or neural foraminal narrowing. There was no documentation of significant herniation or stenosis, as required by MTUS for the consideration of an epidural steroid injection. This request is not medically necessary.