

Case Number:	CM14-0122593		
Date Assigned:	09/19/2014	Date of Injury:	04/20/2013
Decision Date:	10/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who has submitted a claim for lumbar radiculitis and left hip pain associated with an industrial injury date of April 20, 2013. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain that radiated down the bilateral lower extremities. Lumbar examination revealed no gross abnormality, no spasm, tenderness bilaterally at the L4-S1 levels, decreased flexion and extension, normal sensory exam, decreased strength of the left lower extremity, normal DTRs, positive SLR test on the left, positive left sided Faber Patrick test, positive pelvic compression test on the left, positive pelvic rock test and tenderness at the left hip. X-ray of the lumbar spine dated 6/11/13 showed lumbosacral transitional segmented designated as L5, mild discogenic spondylosis L3-L5 and mild degenerative facet joint arthrosis L2-L5. X-ray of the sacrum/coccyx dated 6/11/13 revealed mild sclerosis at the sacroiliac joints bilaterally, an ovoid osseous density located within the posterior soft tissues and a horizontally oriented linear lucency seen at the left inferior pubic ramus on the AP sacrum. MRI of the lumbar spine, dated 5/29/2013, demonstrated a 4 mm disc bulge protrusion at L4-L5 with moderate left-sided foraminal narrowing and mild to moderate right-sided narrowing. Normal findings were seen at L5-S1 level. Treatment to date has included medications, chiropractic care, activity modification and therapy. The patient did not have prior epidural injections. Utilization review from July 9, 2014 denied the request for Left L4-S1 Caudal Epidural with coccyx injection because caudal does not allow for direction specifically to left L4-S1 and the addition of coccyx injection done at the same time as the injections will lead to loss of diagnostic value.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 Caudal Epidural with coccyx injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient had signs and symptoms suggestive of a radiculopathy. The patient complained of low back pain that radiated down the bilateral lower extremities. Lumbar examination revealed decreased strength of the left lower extremity and positive SLR test on the left. The patient was reported to have failed prior conservative treatments. MRI of the lumbar spine, dated 5/29/2013, demonstrated a 4 mm disc bulge protrusion at L4-L5 with moderate left-sided foraminal narrowing and mild to moderate right-sided narrowing. The medical necessity for ESI at L4-L5 level has been established. However, MRI showed normal findings L5-S1 level. The criteria for epidural steroid injection to L5-S1 level were not met. In addition, caudal approaches are not recommended for chronic radiculopathies. Therefore, the request for Left L4-S1 Caudal Epidural with coccyx injection is not medically necessary.