

Case Number:	CM14-0132201		
Date Assigned:	08/22/2014	Date of Injury:	06/27/2008
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 38-year-old male with a reported date of injury on 06/27/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left knee contusion, intervertebral cervical disc disease without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, cervicgia, lumbago, degenerative lumbar/lumbosacral intervertebral disc, intervertebral lumbar disc disease without myelopathy, thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome to the lumbar region. His previous treatments were noted to include physical therapy, medications, and home exercises. The progress note dated 06/19/2014 revealed complaints of chronic, severe low back pain that radiated down the left lower extremity from hip to knee. The injured worker revealed occasional neck pain as well, described as stabbing and continuous. The injured worker reported numbness and tingling to the left leg and both feet. The physical examination of the lumbar/sacral spine was noted to have tenderness to palpation to the paraspinal musculature and decreased range of motion. There was a positive straight leg raise test to the left lower extremity and spasming to the bilateral lumbar musculature. The strength was decreased to the right upper extremity, left lower extremity, and right lower extremity. Sensation was decreased to the right C6, right C7, right L5, left L4, at left L5, and left S1. The deep tendon reflexes were decreased but equal. The provider indicated the previous epidural steroid injection was an interlaminar epidural steroid injection at L3-4 but did not provide long-lasting relief. The injured worker had worsening complaints of low back pain and leg pain with objective findings of radiculopathy, central/foraminal stenosis on advanced imaging, and has failed conservative measures. The provider indicated the injection would be performed under fluoroscopic guidance

and monitored anesthesia. The request for authorization form was not submitted within the medical records. The request was for a caudal epidural steroid injection for leg and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for a caudal epidural steroid injection is not medically necessary. The injured worker had a previous interlaminar epidural steroid injection at L3-4 that did not provide long-lasting relief. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines' criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The provider indicated an updated CT scan revealed changes at the L4-S1 levels. However, without details regarding diagnosis of radiculopathy, an epidural steroid injection is not appropriate. Therefore, due to the lack of documentation regarding imaging to corroborate radiculopathy, an epidural steroid injection is not appropriate at this time. As such, the request is not medically necessary.