

Case Number:	CM14-0143757		
Date Assigned:	09/12/2014	Date of Injury:	07/06/2010
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 54 year old male who reported injury on 07/02/2010. The mechanism of injury was not provided. Diagnoses included chronic pain, lumbar radiculopathy, status post fusion of the lumbar spine x2, bilateral knee pain, left shoulder pain, headaches, depression, and constipation. The past treatments included anti-seizure and opioid medications with reported notable improvement. An MRI of the lumbar spine, dated 04/19/2012, revealed surgical fusion at L4-5, bilateral neural foraminal stenosis, a 3mm bilateral disc protrusion at L3-4, L4-5, and L5-S1, and a 1mm posterior and intraforaminal L1-2 and L2-3 disc bulge. The progress note, dated 08/29/2014, noted the injured worker complained of constant low back pain radiating down the right lower extremity, and the bilateral feet, with numbness in the toes and feet bilaterally, right lower extremity weakness, and low back spasms. The physical exam revealed tenderness to palpation of the L4-S1 paravertebral area, spasm, range of motion moderately limited by pain, positive seated straight leg raise at 70 degrees, and decreased sensitivity to touch along the L5 dermatome in both lower extremities. Medications included Percocet. The treatment plan requested a new MRI of the lumbar spine, and bilateral lower extremity nerve conduction studies. It was recommended the injured worker continue his home exercise program. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 caudal epidural: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for bilateral L4-S1 caudal epidural is not medically necessary. The injured worker had noted L4-S1 paravertebral area tenderness, spasm, range of motion moderately limited by pain, positive seated straight leg raise at 70 degrees, and decreased sensitivity to touch along the L5 dermatome in both lower extremities, with an MRI noting fusion at L4-5, bilateral neural foraminal stenosis, and a 3mm bilateral disc protrusion at L3-4, L4-5, and L5-S1. He also complained of low back pain radiating down the right lower extremity, and the bilateral feet, with numbness in the toes and feet bilaterally, right lower extremity weakness. The California MTUS guidelines indicate the criteria for epidural steroid injection includes documentation of radiculopathy on physical exam with corroborative findings of radiculopathy in the applicable dermatomal distribution, supported by imaging or electrodiagnostic testing, and a failed response to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy for guidance. There is a lack of documentation of a failed course of physical medicine, NSAIDs and muscle relaxants. There is a lack of evidence of L4 nerve involvement upon physical exam. The request did not indicate fluoroscopy would be used for the caudal injection. Due to the lack of evidence of involvement of the L4 nerve, the lack of evidence of failure of conservative treatment, and the exclusion of fluoroscopic guidance, the bilateral L4-S1 caudal epidural is not supported at this time. Therefore, the request is not medically necessary.