

Case Number:	CM14-0163482		
Date Assigned:	10/08/2014	Date of Injury:	04/28/2014
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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, pain medicine 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 injured worker is a 63-year-old male who sustained an injury on 4/28/12. As per 9/4/14 report, he complained of intermittent moderate pain in his neck with radiation to both shoulders and occasional difficulty in rotating head and neck; right jaw; right eye socket; both shoulders; clavicle, left rib cage with inhalation; stress and anxiety; and difficulty with breathing on occasion. Exam revealed palpable tenderness and mild spasm about the trapezius muscles and decreased ROM with positive impingement test on the right, supraspinatus weakness on the right and Faber test on the right. Lumbar spine MRI done in July 2013 revealed advanced spondylotic changes and advanced degenerative disc changes at L2 through S1 with significant central subarticular stenosis at each level, more left-sided sub articular stenosis at L2-3 and significant central stenosis at L3-4, central and left paracentral disc protrusion causing significant subarticular stenosis on the left at L5-S1; at each level in the lumbar spine, there was moderate or greater neural foraminal stenosis. He is currently on Hydrocodone, Naprosyn and omeprazole. As per 4/12/14 report his current primary complaint was mechanical low back pain with numbness radiating to the right lower extremity that limits his activities of daily living as well as ability to exercise and lumbar epidural steroid injection was recommended. Diagnoses include status post cervical fusion, Persistent left upper extremity numbness and related to the shoulder and the proximal arm, Progressive mechanical low back pain, right sciatica, right radiculopathy with sensory deficits in the L5 distribution. The request for Caudal Epidural Injections of L4-5 and L5-S1 was denied on 9/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injections of L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections- (ESIs) criteria use of Epidural Stero. Decision based on Non-MTUS Citation Official disability Guidelines (ODG) Low Back Chapter Epidural Steroid Injections (ESIs)

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the records do not document radiculopathy (radicular pain in a dermatomal distribution) corroborated by imaging evidence of radiculopathy; there is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management; i.e. physiotherapy, medications. Furthermore, there is no justification for two caudal injections at L4-5 and L5-S1, as caudal injection is comprised of one injection at the sacral hiatus. Therefore, the Caudal Epidural Injections of L4-5 and L5-S1 is not medically necessary and appropriate.