

Case Number:	CM14-0184522		
Date Assigned:	11/12/2014	Date of Injury:	02/06/2013
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal 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 patient is an injured worker with a history of lumbosacral back injury. Date of injury was 02-06-2013. Regarding the mechanism of injury, the patient was lifting a manhole cover on 2/06/13 and experienced the sudden onset of low back pain. MRI magnetic resonance imaging of lumbar spine obtained on 05-22-2013 documented at L5-S1, a 2 mm anterolisthesis and a bilateral L5 pars defect. There was no significant disc protrusion or extrusion, and no significant central canal stenosis. There was minimal foraminal narrowing on the left, and no significant foraminal narrowing on the right. At L4-L5, there was minimal 1 mm retrolisthesis. There was disc desiccation, and a 3 mm broad-based disc protrusion with a small annular fissure. There was no significant central canal or foraminal stenosis. The initial complex comprehensive orthopedic consultation dated 09-06-2013 documented a lumbosacral back injury. The patient was lifting a manhole lid, and he injured his back, feeling pain to his lumbar spine. The patient has undergone twelve sessions of therapy. The patient complained of low back pain that at times radiates down to the back of his bilateral thighs. He experienced spasms and cramping of his lower extremities. He complained of increased low back pain with sitting. The patient denies any numbness or tingling in his bilateral lower extremities. He denied any bowel or bladder incontinence. Physical examination findings were consistent with a lumbosacral strain and questionable bilateral pars defect at L5. The objective findings during the examination were consistent with the diagnosis of a lumbosacral strain with evidence of an L5-S1 isthmic spondylolisthesis and questionable bilateral L5 pars defect. Diagnoses were lumbosacral strain, L5-S1 isthmic spondylolisthesis, and questionable bilateral pars defect at L5. The primary treating physician's progress report dated 01-14-2014 documented low back symptoms and pain to the right lower extremity. Regarding objective findings, no change was noted. Diagnosis was L5-S1 isthmic spondylolisthesis. Caudal epidural injection was requested on 10-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that 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 American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The request for authorization of caudal epidural injection was dated 10-03-2014. The latest progress report submitted for review was dated 01-14-2014. Recent progress reports were not submitted for review. MTUS guidelines require that radiculopathy must be documented on physical examination. Because recent physical examination was not submitted for review, the request for a caudal epidural injection is not supported. Therefore, the request for caudal epidural injection is not medically necessary.