

Case Number:	CM14-0086327		
Date Assigned:	07/23/2014	Date of Injury:	02/17/2005
Decision Date:	10/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 56 year old male with a 2/17/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 3/12/14 noted subjective complaints of low back pain, bilateral, radiating to bilateral legs. Objective findings included pain with lumbar ROM, +R SLR, and decreased sensation in the dorsum of bilateral feet. There are no imaging study reports available for review. Diagnostic Impression: lumbosacral sprain. Treatment to Date: prior ESI, physical therapy, chiropractic, and medication management. A UR decision dated 5/6/14 denied the request for injection caudal epidural under fluoroscopic guidance. There has not been evidence provided of at least 50% improvement for 6-8 weeks in pain and functionality with a decrease in medication use for at least 6-8 weeks post the last epidural. There are no changes on the lumbar MRI report provided that shows any evidence of possible nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Caudal Epidural Under Fluoroscopic Guidance Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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. Decision based on

Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: MTUS Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents provided for review, there is no clear objective evidence of radicular findings on examination. Additionally, there are no imaging reports such as lumbar MRI available for review. Furthermore, there is mention of a prior ESI being effective but no clear quantitative documentation of pain relief. Finally, caudal injections are not recommended for chronic radiculopathy. Therefore, the request is not medically necessary.