MAXIMUS Federal Services

Case Number:	CM14-0218793		
Date Assigned:	01/08/2015	Date of Injury:	10/20/2012
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 22-year-old female with a date of injury on 10/20/2012. Documentation from 06/04/2014 indicated that the injured worker was pulling on a shuttle door that would not open, and after approximately four minutes the door open with the injured worker experiencing lower back pain. Documentation from 06/04/2014 indicated the diagnoses of lumbar facet syndrome, lumbar disc disease, and left sacroiliac joint arthropathy. Subjective findings from 11/21/2014 were remarkable for pain, pins, needles, and numbness that was rated a six out of ten. The pain increases with activities of bending, sitting, standing, and lifting, but was noted to be able to perform activities of daily living. Physical examination from this date was remarkable for impaired range of motion with pain to the lumbar spine. Physician documentation on 11/21/2014 noted previous magnetic resonance imaging to the lumbar spine performed with no date noted for disc desiccation at lumbar four to five and lumbar five to sacral one with disc protrusion to both and stenosis with annular tear at lumbar five to sacral one. Prior treatments offered to the injured worker included trigger point injections, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, and a medication history of narcotics, Ibuprofen, muscle relaxants, but no current medication regimen noted on 11/21/2014. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. The medical records provided lacked documentation on physical therapy visits, chiropractic therapy visits, and acupuncture therapy visits of quantity, treatment plans, or results with regards to functional improvement, improvement in work

function, or in activities of daily living. The physician documentation from 09/04/2014 indicated the injured worker was unable to work due to work restrictions and was noted to be permanent and stationary. On 12/09/2014, Utilization Review non-certified the prescription for lumbar five to sacral one caudal epidural injection, 66231. The prescription for the epidural injection was noncertified based on California Medical Treatment Utilization Schedule, Low Back Complaints, Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, with the Utilization Review noting that the medical records provided lacked adequate documentation of lumbar radiculopathy along with no recent diagnostic imaging provided to recommend an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural steroid injections (ESIs).

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

Decision rationale: The request for caudal epidural steroid injection, L5-S1, is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection is recommended to facilitate progress in an active treatment program. There should be radiculopathy documented by physical exam findings and corroborated with imaging and/or electrodiagnostic testing. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. There should be evidence that the injured worker had tried and failed an adequate course of conservative therapy prior to the requested injections. An undated MRI was performed, and revealed disc desiccation at the L4-5 and L5-S1, with disc protrusion bilaterally, with stenosis and an annular tear at the L5-S1. Prior treatments included trigger point injections, physical therapy, chiropractic care and acupuncture, epidural steroid injections, and medications. More evidence is needed to support that the injured worker had radiculopathy on physical exam and corroborated with imaging and/or electrodiagnostic tests. There is no evidence that the injured worker would be participating in an active treatment program following the requested injection. As such, medical necessity has not been established.