

Case Number:	CM15-0010331		
Date Assigned:	01/27/2015	Date of Injury:	10/28/1986
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 80 year old male patient, who sustained an industrial injury on 10/28/1986. The diagnoses include L2-3 and L3-4 severe degenerative disc disease with associated stenosis. Per the doctor's note dated 10/15/2014, he had complained of back and right leg pain. The physical examination revealed left foot drop, positive straight leg raising test and stocking glove decreased sensation from mid calf distally. The medications list includes nexium, neurontin, metoprolol, aspirin, losartan and actos. He has had MRI lumbar spine 9/24/14 which revealed post operative changes from L3-4 to L5-S1, spinal stenosis at L1-2 and 16mm spondylolisthesis of L5 on S1. He has had bilateral L3-4 transforaminal epidural steroid injections on 3/3/14. He has undergone L4-5 fusion resulting in postoperative complication of left footdrop and pseudomeningocele. On 1/20/15, the injured worker submitted an application for IMR for review of Caudal injection at L5-S1. On 1/13/15 Utilization Review non-certified a Caudal injection at L5-S1. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal injection at L5-S1: 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 (ESIs), Page(s): page 46.

Decision rationale: Request: Caudal injection at L5-S1 The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. Evidence of failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Caudal injection at L5-S1 is not fully established for this patient.