

Case Number:	CM15-0113837		
Date Assigned:	06/22/2015	Date of Injury:	07/30/2012
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on 07/30/2012. He has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; lumbosacral radiculopathy; and status post lumbar spine fusion, on 10/07/2014. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Tramadol, Orphenadrine ER, Lunesta, and Omeprazole. A progress note from the treating physician, dated 05/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of having no significant improvement since the last exam; he continues to have significant lower back pain as well as numbness and tingling in his right lower extremity; he has weakness as well; he is beginning to have left knee pain due to overcompensating for the right lower extremity weakness; he saw a pain management specialist who is requesting an epidural; he has not improved with surgery; and he has failed other conservative measures. Objective findings included the lumbar spine surgical site has healed completely; paravertebral muscles are tender; spasm is present; range of motion is restricted; straight leg raising test is positive on the right; and sensation is reduced in the bilateral L5-S1 dermatomal distribution . The treatment plan has included the request for caudal epidural steroid injection x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, caudal epidural steroid injection times 1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic failed back syndrome; and chronic postoperative lumbosacral radiculopathy. Subjectively, according to a June 16, 2015 progress note, the injured worker has ongoing low back pain that radiates to the lower extremities bilaterally. Pain is 7/10. The documentation states the treating provider review the denial for a caudal epidural injection. A review of the medical record, however, did not contain documentation of the requests for the epidural steroid injection. Objectively, the injured worker has asthma and tenderness over the lumbar paraspinal muscle groups. There are dysesthesias noted L4, L5 and S1 dermatomes bilaterally. On March 24, 2015 and EMG was performed that was negative (lower extremities). A CT myelogram was performed on March 20, 2015 that was normal except for previously placed hardware. A review of the documentation from progress notes dated April 6, 2015 and June 16, 2015 (request for authorization is May 5, 2015) did not contain a clinical discussion, indication or rationale for a caudal epidural steroid injection. Consequently, absent clinical documentation with a clinical discussion, indication and rationale for a caudal epidural steroid injection, normal EMGs lower extremities and a CT myelogram lumbar spine that did not show any acute changes, caudal epidural steroid injection times one is not medically necessary.