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| Case Number: | CM14-0142542 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/03/2002 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 08/10/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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 Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 38-year-old male with complaints of low back pain and leg pain. The date of injury is 5/3/02 and the mechanism of injury is not described. At the time of request for caudal epidural steroid injection with catheter under fluoroscopy, there are subjective complaints of low back pain and leg pain and objective findings of restricted range of motion (ROM) of the lumbar spine, ambulating with a cane, and positive straight leg raise test bilaterally. Imaging findings include the 9/12/06 plain films; lumbar spine shows hardware intact in good position with interbody bone graft in good position. Diagnoses are chronic low back pain and left leg pain status post previous L4-5 instrumented fusion, status post removal of hardware, and lumbar post laminectomy syndrome, and treatment to date has included surgical decompression fusion L4-5, intrathecal pump pain treatment/continuous infusion, medications, and physical therapy. There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with catheter under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural. This patient has clinical findings of L5 radiculopathy/ radicular pain on exam. Therefore, a caudal epidural steroid injection under fluoroscopy targeting the affected spinal root levels is appropriate and medically necessary.