

Case Number:	CM14-0143476		
Date Assigned:	09/10/2014	Date of Injury:	08/26/1997
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 59 year old female with an injury date of 08/26/97. Based on 02/06/14 progress report provided, the patient complains of low back pain. Physical Examination to the lumbar spine reveals tenderness from L3-L5 and paraspinal spasms on left side. Range of motion is reduced 50%. Motor exam shows weakness of foot and deep tendon reflexes show reduced ankle jerk. Straight leg raise is positive. Gait is abnormal. Per progress report dated 02/06/14 medications include Arcept, Ultram, Lidoderm patch and tens unit. Diagnosis 02/06/14- chronic mechanical low back pain- X-Ray of the Lumbar Spine 08/08/13- 13 mm calcification in distribution of the proximal left ureter- lumbar dextroscoliosis- lumbar degenerative disc disease L3-L4, L4-L5 Provider is requesting Outpatient Caudal Epidural Injection. The utilization review determination being challenged is dated 08/15/14. The rationale is "No MRI or EMG/NCV studies were provided to confirm evidence of a lumbar radiculopathy." [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/14 - 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Caudal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 46. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Facet Joint Diagnostic Joint Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: Patient presents with chronic mechanical low back pain. The request is for Outpatient Caudal Epidural Injection. X-Ray dated 08/08/13 show lumbar degenerative disc disease L3-L4, L4-L5. MTUS states the following "criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Physical exam findings from treater report dated 02/06/14 reveal weakness of foot on motor exam and deep tendon reflexes with reduced ankle jerk. Straight leg raise is positive. However, in review of reports, documentation for lumbar radiculopathy is not evident. Most importantly, there is no description of leg symptoms. Imaging studies are not discussed to show any herniation or stenosis or other nerve root problems. The diagnosis of radiculopathy is not evident. The request is not medically necessary.