

Case Number:	CM13-0055614		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2002
Decision Date:	06/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 Management 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:

This patient reported a 10/30/02 date of injury with a diagnosis of lumbar DDD and low back pain. He is status post lumbar fusion from L3-L5 fusion 9/12/12 with post operative physical therapy. He was seen on 10/22/13 with low back pain without radiation. Exam findings revealed negative straight leg raise, no back tenderness, and an intact neurologic exam. On a progress note dated 9/13/13 the patient was noted to have some back pain but the pain was not noted to interfere with ADLs and also denied any lower extremity symptoms. There were no objective radicular findings or focal neurological deficits on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSFORAMINAL CAUDAL EPIDURAL STEROID INJECTIONS WITH IV SEDATION AND FLUOROSCOPY AT L2, L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an

imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The patient has no subjective complaints of radiculopathy or objective findings on exam, and no focal neurological deficits. Therefore, the request for a transforaminal caudal epidural injection with IV sedation and fluoroscopy at L2, L3 is not medically necessary.