

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0068970 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/20/2011 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 Family Practice, has a subspecialty in Physical Medicine 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 is a 39 year old male claimant who sustained a work injury on 5/20/11 resulting in spinal trauma and T11 paraplegia. He had undergone a spinal fusion in 2011 and an L1-L5 decompression in early 2013. He has had a baclofen pump for muscle spasticity. A progress note on 10/25/13 indicated back pain with improved symptoms for a few days with an epidural steroid injection performed a few weeks prior. A CT myelogram showed severe stenosis of the lumbar spine. The claimant had persistent symptoms despite trying analgesics, therapy and injections. An additional L1-L5 decompression was recommended along with an additional epidural steroid injection for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC/LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 309.

Decision rationale: According to the MTUS Guidelines, epidural steroid injections are recommended to avoid surgery. In this case, the claimant had already received steroid injections

and the treating physician recommended additional surgery. Therefore, the requested additional epidural steroid injection is not medically necessary or appropriate.