MAXIMUS Federal Services

Case Number:	CM14-0131860		
Date Assigned:	08/20/2014	Date of Injury:	07/21/2005
Decision Date:	11/05/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 63-year-old diabetic man who sustained a work related injury on July 21, 2005. Subsequently, he developed chronic lower back pain. In 2007, the patient underwent laminectomies L3-S1. MRI of the lumbar spine performed October 23, 2012 showed L#-4 multifactorial mild central canal stenosis and mild bilateral foraminal narrowing. L4-5 multifactorial moderate bilateral neural foraminal stenosis. According to the progress report dated July 10, 2014, the patient continued to complain of mostly back pain radiating into his bilateral lower extremities, worse with walking. After having done a bilateral L5 transforaminal injection on March 25, 2014, the patient had reported minimal relief. His physical examination of the lumbosacral paraspinal region continued to note bilateral lumbosacral paraspinal tenderness to palpation with restrictions mostly in flexion secondary to pain. The patient was diagnosed with chronic back pain and chronic radicular pain due to failed laminectomy syndrome. The provider requested authorization for caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however, there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Caudal Epidural Steroid injection right L4-S1 is not medically necessary.