

Case Number:	CM14-0036250		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2006
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 81 year-old male who was reportedly injured on June 7, 2006. The mechanism of injury is noted as a fall reportedly sustaining injuries to the low back and head. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of low back pain. The pain is rated as 8-10/10 and the claimant uses a TENS unit for pain management. The physical examination demonstrated a mildly antalgic gait, the surgical scar or lesion noted in the lower back region, no evidence of paraspinal muscle spasm. Lumbar range of motion is diminished, straight leg raise is negative bilaterally, and Fabere testing is positive bilaterally. Examination of the lower extremities reveals normal sensation and normal motor strength. Radiographs of the lumbar spine were obtained on June 17, 2013 and are documented showing a grade 1 spondylolisthesis of L5 on S1, and L3 vertebral body compression fracture with extruded cement status post balloon angioplasty, and held to compression fracture. Previous treatment includes operative intervention for fracture identified on MRI. Surgery was performed in September 2006 and the claimant went on to attend physical therapy. Claimant was considered permanent and stationary 2007. A request had been made for Bilateral S1, TF Epidural steroid injections (ESI) myelogram, fluoroscopic guidance, moderate sedation x 3 and was not certified in the pre-authorization process on March 10, 2014. The reviewer noncertified the requests indicating that the California Medical Treatment Utilization Schedule guidelines do not support epidural injections in the absence of objective radiculopathy, supportive findings on imaging studies, and prior conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1, TF Epidural steroid injections (ESI) myelogram, fluoroscopic guidance, moderate sedation x 3: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) outline specific criteria that should be met prior to proceeding with epidural steroid injections, this includes radiculopathy identified on physical examination; unresponsiveness to conservative measures including physical therapy, anti-inflammatories, and muscle relaxants; and imaging or electrodiagnostic studies that corroborate the radiculopathy identified on examination. Based on the clinical documentation provided, the claimant fails to meet criteria as outlined by the CA MTUS. Specifically, radiculopathy is not identified on examination, there are no corroborating imaging or electrodiagnostic studies, and there is not an indication that this individual has failed conservative management. As such, the request is considered not medically necessary.