

Case Number:	CM14-0043638		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2003
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family 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 case involves a 58 year old male claimant who sustained a work injury on 7/9/03 involving the shoulders, neck, left knee and low back. An MRI in 2009 showed lumbar degenerative changes and disc bulging at L5-S1. He underwent lumbar discectomy and pedicle screw fixation of L4-L5 as well as an interbody fusion in 2012. Other treatments include physical therapy and exercises. A progress note dated 11/21/13 indicated the injured worker had continued back pain and radiating pain to his legs since the injury. The examination findings included antalgic gait, pain with lumbar flexion and extension, and paravertebral tenderness. He was treated with oral analgesics and a request was made for a caudal lumbar epidural steroid injection. A more recent progress note dated 7/2/14 indicated the claimant had a positive straight leg raise with similar limitations as previously noted of the lumbar spine and reduced motor strength of the left leg. The treating physician requests again a 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 ESI Left L5-S1 under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are optional for radicular pain to avoid surgery. Most invasive techniques are of questionable merit and ESI affords only short-term benefit. The injured worker's pain and injury is chronic with no acute radicular findings and he has already undergone spinal fusion surgery. The request for a Caudal ESI is not medically necessary.