

Case Number:	CM14-0063686		
Date Assigned:	09/03/2014	Date of Injury:	07/06/2009
Decision Date:	10/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas. 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 47-year-old male who reported an injury on 07/06/2009 after lifting a keg of beer. The injured worker reportedly sustained an injury to his low back. The injured worker was treated conservatively with medications, physical therapy, and epidural steroid injections; however, failed to have significant positive responses and ultimately underwent a 2 level lumbar disc replacement and fusion. The injured worker continued to have postsurgical spine pain. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 04/28/2014. It was noted that the injured worker had continued low back pain that radiated into the bilateral lower extremities rated at a 7/10. Physical findings included tenderness and spasming at the paraspinal musculature at the L1 through L3 and L3 through S1 levels with moderately limited range of motion secondary to pain and positive facet provocation testing bilaterally. The injured worker's diagnoses included erectile dysfunction, pruritus about the abdominal incision, GI upset with NSAIDs, cervical radiculopathy, lumbar facet arthropathy, and status post fusion of the lumbar spine. It was noted that the injured worker had undergone an MRI and a CT of the lumbar spine; however, this was not submitted for review. A request was made for an L4 through S1 caudal epidural steroid injection. No justification was submitted to support the request. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-S1 Caudal ESI under fluoroscopic guidance as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2006. Physician's Desk Reference, 68th ed, www.RxList.com ODG Workders Compensation Drug Formulary, www.odg-twc.com/odgtwo/formulary.htm

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

Decision rationale: The requested 1 Right L4-S1 Caudal ESI under fluoroscopic guidance as Outpatient is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evident radiculopathy supported by an electrodiagnostic study or imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any physical findings of radiculopathy to include motor strength deficits, sensory deficits, or deep tendon reflex deficits. Additionally, an independent report of an MRI of the lumbar spine was not submitted for review. As such, the requested 1 Right L4-S1 Caudal ESI under fluoroscopic guidance as Outpatient is not medically necessary or appropriate.