

Case Number:	CM14-0096770		
Date Assigned:	07/28/2014	Date of Injury:	01/17/2002
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 01/17/2002 secondary to a fall. The current diagnoses include left lumbar radiculopathy, lumbar spinal stenosis, and lumbar spondylosis. Previous conservative treatment includes an L3-4 transforaminal epidural steroid injection on 04/21/2014, medication management, and physical therapy. It is also noted that the injured worker underwent a spinal fusion in 2002. The injured worker presented with complaints of persistent pain in the lower back with radiation into the left lower extremity and activity limitation. Physical examination on that date revealed an antalgic gait, normal motor strength in the lower extremities without focal deficits, decreased lumbar range of motion, and positive straight leg rising on the left. Treatment recommendations at that time included a caudal epidural steroid injection and a follow-up visit in 1 to 2 weeks following the injection. A Request for Authorization form was then submitted on 05/23/2014 for a caudal epidural steroid injection with sedation and a follow-up visit. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/11/2014. The injured worker also underwent electrodiagnostic studies on 12/05/2013.

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 (ESIs) Page(s): 46.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker's electromyography study on 12/05/2013 indicated normal findings without any evidence of lumbar radiculopathy. Physical examination revealed 5/5 motor strength. The injured worker also underwent a left L3-4 transforaminal epidural steroid injection on 04/21/2014 without any evidence of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Follow Up Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected. As the injured worker's invasive procedure has not been authorized, the current request for a follow-up visit after the injection is also not medically necessary. Therefore, the request is not medically necessary.