

Case Number:	CM15-0005012		
Date Assigned:	01/16/2015	Date of Injury:	06/07/2006
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 an 80 year old male who sustained a work related injury June 7, 2006. While standing on the top step of a tractor he lost his balance, fell backward, landing on his back. He felt increasing neck and back pain. He was treated with pain medications and physical therapy. An MRI (magnetic resonance imaging) was later obtained and revealed a fracture in the lower back and surgery was recommended. In September 2006, he underwent lumbar spine surgery and completed post-operative physical therapy. He was considered permanent and stationary and ambulated with a cane. A primary treating physician's report dated November 24, 2014, finds the injured worker presenting with complaints of unchanged constant, frequent low back pain, 8-10/10 and bilateral lower extremity pain(lateral calves). Sensory and motor exam were reported to be intact. He continues to use a cane when ambulating. Diagnosis is documented as transverse low back pain with bilateral thigh and calf pain with intermittent foot pain; 9/15/2017 Balloon Kyhoplasty. Treatment included Voltaren, Ultracet, EMG (electromyography) studies, lumbar epidural steroid injections and recheck in 7 weeks. According to utilization review dated December 22, 2014, the request for Lumbar Epidural Steroid Injections Bilateral L2-L3 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Bilateral L2-L3: 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 Epidural injections Page(s): 46.. Decision based on Non-MTUS Citation Low Back; epidural injections-fracture risk.

Decision rationale: MTUS Guideline have very specific criteria to justify the use of spinal epidural injections. These criteria include a well defined dermatomal radiculopathy that corresponds to the area that is to be injected. This criteria is not met with the documented normal sensory and motor exam. In addition, ODG Guidelines note that epidural injections cause a significant increase in spinal fracture risk. This individual is elderly and has had a spinal fracture in this area. Per Guidelines, there should be very clear and compelling reasons to inject steroids with these risk factors as it would weaken the spinal column further. Under these circumstances the request for the Lumbar epidural bilateral at L2-3 is not consistent with Guidelines and is not medically necessary.