

Case Number:	CM15-0005237		
Date Assigned:	01/26/2015	Date of Injury:	08/09/1999
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who reported an injury on 08/09/1999 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker failed to respond to multiple conservative treatment modalities and ultimately underwent lumbar back surgery. The injured worker developed intractable chronic low back pain and bilateral extremity radiculopathy. The injured worker also developed cervical symptoms that failed to respond to conservative treatment and ultimately resulted in a cervical fusion. The injured worker had persistent radicular symptoms despite postsurgical treatment. The injured worker's diagnoses included cervicalgia status post surgery, lumbago and lumbosacral neuritis. The injured worker was evaluated on 10/08/2014. It was documented that the injured worker had previously undergone an epidural steroid injection of the lumbar spine on 05/19/2014 that provided greater than 30% to 40% relief and allowed the injured worker to participate in activities of daily living to include cleaning, showering, cooking, and dressing. Objective findings at that appointment included decreased sensation and allodynia in the right lateral calf with 5/5 motor strength in all groups. The injured worker had tenderness to palpation of the lumbar spine and restricted lumbar spine range of motion. The injured worker's treatment plan included a multi modality interferential unit for home use, pain therapy for the neck and low back and a caudal epidural steroid injection at the L5 with IV sedation. A Request for Authorization was submitted on 10/27/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 Caudal steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: The requested L5 caudal steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 60% pain relief with increased functional benefit. It is noted that the injured worker had functional benefit from the prior injection. However, the injured worker did not receive adequate pain relief to warrant an additional injection. As such, the requested L5 caudal steroid injection is not medically necessary or appropriate.

Monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.