

Case Number:	CM15-0008903		
Date Assigned:	01/26/2015	Date of Injury:	04/15/2010
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 67-year-old male who reported injury on 04/15/2010. The mechanism of injury was not provided. Prior treatments included activity modification, bilateral laminectomy at L4-5 with decompression and discectomy at L4-5 on 10/27/2011, physical therapy, spinal cord stimulator implant on 10/21/2013, an MRI, electrodiagnostics, ice, heat, and medications. There was a Request for Authorization submitted for review dated 12/02/2014. The documentation of 12/02/2014 revealed the injured worker had complaints of back and leg pain. The injured worker was experiencing an acute worsening of his symptoms. The injured worker was noted to have no relief with the Medrol Dosepak and got a small relief from Norco and adjuvant medications. An MRI was noted to be ordered; however, the injured worker was unable to have a study because of the stimulator. The physical examination revealed the injured worker had difficulty moving on and off the examination table and had difficulty standing upright and his gait was markedly antalgic. The injured worker had marked right sided lumbosacral paraspinal tenderness. The range of motion of the lumbar spine was severely limited in all directions and the straight leg was positive on the right. There was decreased pinprick sensation in the right L5 distribution. The diagnoses included failed back syndrome, lumbar, fibromyalgia, myositis, and chronic regional pain syndrome. The treatment plan included a doubling of the hydrocodone dose and an urgent caudal epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left caudal with catheter; lumbar epidural steroid injection (ESI) with fluoroscopy:
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 Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by electrodiagnostics or imaging findings. There should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of either MRI or electrodiagnostic corroboration of the decreased sensation in the right L5 distribution. Additionally, there was a lack of documentation of a failure of conservative management. Given the above and the lack of documentation, the request for Left caudal with catheter; lumbar epidural steroid injection (ESI) with fluoroscopy is not medically necessary.