

Case Number:	CM15-0164685		
Date Assigned:	09/02/2015	Date of Injury:	07/23/2004
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

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 55 year old male, who sustained an industrial injury on July 23, 2004, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar stenosis. Treatment included physical therapy, pain medications, muscle relaxants, antidepressants and sleep aides and activity restrictions. He underwent a lumbar spinal fusion with laminectomy in September 2014. Treatment included pain medications, physical therapy and post-operative lumbar brace. Currently, the injured worker complained of persistent low back pain radiating to his lower extremities affecting his daily functional activities. His radiculopathy may have been due to some underlying scar tissue irritating the nerve roots. X rays of the lumbar spine showed great position and alignment of hardware with a solid fusion and no lucency around the screws. The treatment plan that was requested for authorization included a caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant has a remote history of a work injury occurring in July 2004 and continues to be treated for radiating low back pain. He underwent a multilevel lumbar decompression and fusion from L3 to the sacrum. When seen, he was nine months status post surgery. He had been able to discontinue most of his opioid medications. Over the previous month, there had been some return of back pain with radiating lower extremity symptoms. This had not been severe enough for him to increase medications but was sometimes affecting his function. Physical examination findings included bilateral paraspinal muscle tenderness and decreased and painful lumbar flexion. There was decreased bilateral ankle dorsiflexion strength with normal sensation, reflexes, and gait. A caudal epidural injection was requested. Criteria for consideration of an epidural steroid injection include radicular pain and symptoms that are initially unresponsive to conservative treatment. In this case, the claimant's symptoms have been present for one month and had previously responded to medications. Failure of conservative treatment is not documented. For acute radicular pain, a course of oral steroids could be considered. The requested epidural steroid injection is not medically necessary.