

Case Number:	CM15-0166186		
Date Assigned:	09/03/2015	Date of Injury:	06/19/2014
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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 51 year old male who sustained an industrial injury on 6-19-14. The mechanism of injury was unclear. He currently complains of constant, achy low back pain with a pain level of 8-9 out of 10. On physical exam of the lumbar spine there was tenderness to palpation at L4-5 and L5-S1 with limited range of motion, decreased sensation in L4 and L5 dermatomes, positive straight leg raise test and slump maneuvers bilaterally. Medications were cyclobenzaprine, meloxicam. Diagnoses include low back pain due to lumbar degenerative disc disease; lumbar radiculopathy. Treatments to date include medications with benefit; chiropractic treatments with effect; stretching exercises; lumbar epidural steroid injections with 60% improvement. In the progress note dated 8-3-15 the treating provider's plan of care included a request for caudal epidural steroid injection due to the injured worker's complaints of low back pain associated with bilateral lumbar radiculopathies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: Review indicates the request for Caudal Epidural Steroid injection (unknown quantity) was modified for Caudal Epidural Steroid injection x 1. It appears the request has already been authorized per utilization review report of 8/17/15. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); and radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Submitted reports have demonstrated any radicular symptoms, neurological deficits to support the epidural injections. There is report of acute pain with clinical findings along with pain relief from previous treatment to support for pain procedure. Criteria for the epidurals have been established. The Caudal Epidural Steroid Injection is medically necessary and appropriate.