

Case Number:	CM15-0167925		
Date Assigned:	09/08/2015	Date of Injury:	09/03/2003
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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, Pain Management, 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 a 63 year old male, who sustained an industrial injury on 9-3-2003. Diagnoses have included right S1 radiculopathy and status post L5-S1 microdiscectomy on 6-29-2007. Treatment to date has included surgery, spinal cord stimulator, epidural steroid injection and medication. According to the progress report dated 7-22-2015, the injured worker reported definite benefit from the right L5-S1 transforaminal epidural on 7-2-2015. He reported being much more active with a reduced pain score of 6 out of 10. The injured worker appeared to be in mild discomfort. Gait was antalgic. Thoracolumbar exam revealed mild, right sciatic notch tenderness. There was mildly diminished sensation to pinprick testing in the right L5 and S1 dermatomes. Authorization was requested for caudal epidural injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection under fluoroscopy: 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 rationale: MTUS 2009 Chronic Pain Treatment guidelines state that epidural steroid injections or an option for radicular symptoms with corresponding anatomic findings. The patient already underwent a transforaminal epidural steroid injection at the L5 S1 level the patient reportedly improved by at least 40% and is more functionally active. The patient's medication use remains the same. There is no objective evidence that there is any functional improvement or symptomatic reduction. Based on the lack of objective improvement from the prior injection, this request for a caudal epidural steroid injection is not medically.