

Case Number:	CM15-0023667		
Date Assigned:	02/13/2015	Date of Injury:	07/31/2003
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 7/31/2003. Treatment to date has consisted of Posterior lumbar spinal fusion L5-S1 with instrumentation, pedicle screws, interbody fusion, allograft (12/9/11)The treating provider has reported the injured worker complained of continued low back pain and radiating pain in both lower extremities; status post two back surgeries. The diagnoses have included lumbar/lumbosacral disc degeneration, postlaminectomy syndrome, other postsurgical status, lumbosacral neuritis, arthropathy . meralgia paresthetica. Imaging to date has included magnetic resonance imaging and lumbar (4/27/11) and CT myelogram (4/2/14) with the following impression, " L4-5 Moderate to severe spinal canal stenosis with a canal diameter of approximately 5 mm with indentation of the thecal sac, bilateral lateral recess stenosis, and mild to moderate bilateral neural foraminal stenosis. At L5-S1 there is mild to moderate right sided and mild to moderate left sided neural foraminal stenosis." On 12/5/14 the injured worker complained of low back pain with bilateral lower extremity radiation with numbness and tingling. Examination revealed positive straight leg raise bilaterally and decreased sensations at L4, L5, and S1 dermatomes. On 1/5/15 Utilization Review non-certified an Outpatient Caudal Epidural Steroid Injection (ESI). The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Caudal Epidural Steroid Injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines; Web Edition; Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 45-46.

Decision rationale: According to the MTUS guidelines, the purpose of epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker has corroborating subjective and objective physical examination findings and has evidence of neural foraminal stenosis at the L4-L5 and L5-S1 . The request for Outpatient Caudal Epidural Steroid Injection (ESI) is medically necessary.