

Case Number:	CM15-0040946		
Date Assigned:	03/11/2015	Date of Injury:	09/21/2007
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 60 year old male sustained a work related injury on 09/21/2007. On 01/21/2015 and 01/28/2015, the injured worker underwent percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks. Post-operative diagnoses included herniated lumbar disc, lumbar radiculitis, and lumbar facet syndrome. According to a partially legible progress report dated 01/27/2015, the injured worker complained of cervical, lumbar pain, loss of range of motion, weakness, headache, bilateral shoulder pain with weakness, bilateral knee pain, loss of range of motion, spasm, numbness, weakness and locking. Treatment plan included acupuncture, physical therapy, durable medical equipment, shockwave therapy, psychosocial evaluation and pain management consultation.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of radiculopathy. The patient is not candidate for surgery. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Caudal Epidural Steroid Injection with Fluoroscopy is not medically necessary.