

Case Number:	CM15-0046736		
Date Assigned:	03/19/2015	Date of Injury:	04/24/1996
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/12/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 68 year old female who sustained a work related injury on April 24, 1996, incurring low back injuries. She was diagnosed with lumbago and lumbosacral spondylosis without myelopathy. She underwent two lumbar fusions, cervical discectomy and lumbar decompression. Treatment included physical therapy, bracing, pain medications, and anti-inflammatory drugs. Currently, the injured worker complained of chronic back and buttock pain and stiffness with spasms and numbness of the left foot and toes. The treatment plan that was requested for authorization included caudal epidural steroid injections with use of an epidural catheter of the lumbar spine under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with use of epidural catheter at L5 under MAC sedation:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The progress note dated February 4, 2015, includes a complaint of low back pain with symptoms radiating to the left lower extremity down to the foot and toes. The physical examination on this date also reveals decreased sensation in the left S1 dermatome and a reduced left ankle reflex of . I respectfully disagree with the UR physician's assertion that there is no recent MRI of the lumbar spine to corroborate these complaints and findings. The previous MRI imaging informing the two lumbar surgeries at the L5 level are sufficient to establish anatomical concordance with clinical symptoms. The request is medically necessary.