

Case Number:	CM15-0046961		
Date Assigned:	03/19/2015	Date of Injury:	06/25/2010
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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:

This 44 year old male sustained an industrial injury on 6/25/10. Previous treatment included lumbar decompression and laminectomy, medications, epidural steroid injection and physical therapy. In a PR-2 dated 2/24/15, the injured worker complained of back pain 4/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paravertebral muscles with spasm and a trigger point bilaterally, right lumbar facet load positive, right straight leg raise positive and decreased sensation to light touch to bilateral thighs. The injured worker was not currently taking any medications. Current diagnoses included lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, post lumbar laminectomy syndrome, lumbago and low back pain. The treatment plan included proceeding with epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection with catheter technique and corticosteroid: 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 24, 2015 includes a complaint of back pain radiating to the lower extremities and there are abnormal neurological findings on physical examination of both the right and left lower extremity. Given the uncertain nature of the post-surgical changes on MRI, the caudal approach with catheter is appropriate. The UR denial is not available for my review. Medically necessary.