

Case Number:	CM15-0050482		
Date Assigned:	04/15/2015	Date of Injury:	04/15/2000
Decision Date:	05/07/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55-year-old male who sustained an industrial injury on 4/15/00. The mechanism of injury is unclear. He currently complains of low back pain that radiates to bilateral feet, left greater than right. He has decreased range of motion of the lumbar spine. Pain intensity is 3-5/10 with medications and 8/10 without medications. Medications are Norco, Ultram. He had laboratory evaluation to evaluate level of prescription medications and it was consistent with prescribed medications (7/14). Mediations allow him to perform activities of daily living. Diagnoses include lumbar radiculitis; lumbar post-laminectomy syndrome. Treatments to date include spinal cord stimulator with good results; medications; psychiatric care. Diagnostics include computed tomography of the lumbar spine (9/4/12) abnormal findings. In the progress note dated 1/29/15, 2/26/15 the treating provider's plan of care recommends bilateral L5-S1 transforaminal epidural steroid injection one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. He underwent surgery and now has a spinal cord stimulator for the treatment of failed back surgery syndrome. When seen, there was positive straight leg raising bilaterally with an antalgic gait. He was having bilateral lower extremity radicular symptoms. A CT scan of the lumbar spine in September 2012 showed post-operative findings. At the requested injection level, L5-S1, there was no foraminal or canal stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, although the claimant has radicular complaints and there are physical examination findings consistent with radiculopathy, there is no corroborating imaging result. Therefore, the requested epidural steroid injection is not considered medically necessary.