

Case Number:	CM15-0052003		
Date Assigned:	03/25/2015	Date of Injury:	07/06/2007
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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 42-year-old male who sustained an industrial injury to his lower back on July 6, 2007 when he fell from a ladder. The injured worker is status post L5-S1 interbody fusion times two with an anterior and posterior approach and a spinal cord stimulator (SCS) trial (no date documented). The injured worker is diagnosed with failed back syndrome and lumbar radiculopathy. Treatment to date has included surgical intervention, magnetic resonance imaging (MRI) on October 23, 2014, physical therapy, spinal cord stimulator (SCS) trial and medications. According to the primary treating physician's progress report on February 23, 2015, the patient continues to experience low back pain with numbness and tingling down both lower extremities in the L5 distribution. A physical examination performed 2 weeks previously on January 30, 2015 demonstrated positive straight leg raise on the right and pain over the lumbar intervertebral spaces. The injured worker's gait appeared to be antalgic. Current medications are listed as Norco, Motrin, Zanaflex and Restoril. Treatment plan consists of continue with current medication regimen, urine drug screen and the request for caudal lumbar epidural steroid injection (ESI) with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal lumbar epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Pain, Epidural Steroid Injections (ESIs).

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 sustained a work-related injury in July 2007 and continues to be treated for failed back surgery syndrome. An MRI of the lumbar spine in December 2014 showed expected post-operative findings without evidence of neural compromise or post surgical nerve scarring. When seen, there was radiating low back pain. The claimant has positive straight leg raising with an antalgic gait and decreased lower extremity strength and sensation. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, although there are physical examination findings and complaints consistent with a diagnosis of radiculopathy, recent imaging was negative for ongoing neural compromise. Therefore, the requested epidural steroid injection was not medically necessary.