MAXIMUS Federal Services

Case Number:	CM15-0055611		
Date Assigned:	03/30/2015	Date of Injury:	01/05/2009
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male who sustained a work related injury on January 5, 2009, incurred lower back injuries from lifting heavy automobile parts. He complained of back pain radiating into the left lower extremity. Magnetic Resonance Imaging (MRI) revealed lumbar spondylosis with stenosis, radiculopathy and osteoarthritis. He underwent a lumbar fusion. Other treatment included physical therapy, anti-inflammatory drugs and pain medications. Currently the injured worker complained of persistent low back pain. The treatment plan that was requested for authorization included a lumbar or caudal injection with fluoroscopic guidance and epidurogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 or caudal epidural injection with fluoroscopic guidance and epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The most recent medical treatment report provided is dated 12/01/14 and states that the patient presents with lower back and left proximal leg pain s/p fusion at L5-S1. The current request is for L4-5 OR CAUDAL EPIDURAL STEROID INJECTION WITH FLUROSCOPIC GUIDANCE AND EPIDUROGRAM. The RFA is not included. The reports do not state if the patient is current working.MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The treating physician states this request is to provide a head start on the pain control so that the patient can proceed with home exercises. In this case, the two medical treatment reports provided do document radicular symptoms for this patient; however, these are not corroborated by examination findings. The 12/01/14 report notes no significant deficits in motor strength, sensation or reflexes. There is no evidence of prior ESI lumbar for this patient, and no imaging studies are included for review. The AME report included does reference a 01/27/09 MRI with findings of L4-5 anterolisthesis with suggestion of bilateral severe foraminal compromise and impingement of both L4 nerve roots. The treating physician makes only a general statement that the patient claims nerve tests were positive. In this case, no examination findings have been provided to corroborate radiculopathy as required by the MTUS guidelines. Therefore, the current request IS NOT medically necessary.