

Case Number:	CM15-0057196		
Date Assigned:	04/02/2015	Date of Injury:	06/08/2013
Decision Date:	05/07/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59-year-old female, who sustained an industrial injury on 6/8/13. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy; degeneration of lumbar intervertebral disc; spinal stenosis of lumbar region. Treatment to date has included physical therapy; status post decompression L5-S1 with foraminotomy left L5-S1, neuroplasty S1 nerve root, posterolateral fusion, pedicle screws bilaterally L4-S1 with transforaminal lumbar interbody fusion (TLIF) L5-S1 with PEEK cage, (12/9/13); Trigger Point Injections Left L5-S1 (1/7/15); CT scan Lumbar (2/6/15) medication. Currently, the PR-2 notes dated 2/11/15, the injured worker complains of that she had twisted her back and had increased right-sided pain with weakness in the bilateral lower extremities for one and one half days. Prior trigger point injections (TPI) were on 1/12/15 for status post-surgery low back pain. The PR-2 notes dated 1/21/15 indicate the TPI's helped some but struggles with diffuse pain lumbosacral more down bilateral legs. The provider's treatment plan includes pain medications and a request for caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, there is no objective findings indicating that the patient has radiculopathy at the requested level (the patient's lumbar spine and lower extremities and sensation were within normal limits. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Caudal Epidural Steroid Injection is not medically necessary.