

Case Number:	CM15-0081361		
Date Assigned:	05/04/2015	Date of Injury:	07/28/2005
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 59 year old woman sustained an industrial injury on 7/28/2005. The mechanism of injury is not detailed. Diagnoses include failed back surgery syndrome, lumbar radiculopathy, and myofasciitis. Treatment has included oral medications, spinal cord stimulator insertion, use of a walker, and surgical intervention. Physician notes dated 3/20/2015 show complaints of back pain rated 7/10 and is described as worsening. Recommendations include Norco, Zanaflex, caudal epidural steroid injection, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient caudal epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back and lower extremity pain including a diagnosis of

failed back surgery syndrome. The requesting provided documents that a causal epidural steroid injection in 2002 had provided some pain relief. There was a normal lower extremity neurological examination. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no identified neural compression or compromise by imaging that would corroborate a diagnosis of radiculopathy. The claimant has previously had an epidural steroid injection and consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. In this case the claimant's response to the injection done in 2002 is not adequately described and the criteria for a repeat injection are not met. Therefore, the requested lumbar epidural steroid injection is not medically necessary.