

Case Number:	CM15-0083998		
Date Assigned:	05/06/2015	Date of Injury:	10/06/2014
Decision Date:	06/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/01/2015

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, Pain Management, Occupational 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 43 year old male, who sustained an industrial injury on 10/06/2014. He has reported subsequent neck, back and left upper extremity pain and was diagnosed with concussion/head trauma, sprain/strain of the cervical, lumbar and thoracic spine, sprain/strain of elbow/forearm and wrist. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 03/04/2015, the injured worker complained of neck, back, left elbow, forearm, wrist, shoulder and upper arm pain. Objective findings were notable for pain, tenderness, swelling and reduced range of motion of the lumbar spine. A request for authorization of a lumbar caudal epidural steroid injection and orthopedic consult was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: MTUS 2009 states that epidural steroid injections are an option to treat radicular pain with corroborative clinical findings. The patient was involved in vehicle collision which resulted in lower back pain. The imaging studies do not reveal any evidence of nerve root compression and the electrodiagnostic study does not reveal evidence of nerve root compression. The epidural steroid injection is requested as a precursor to a fusion. Failure of a caudal epidural steroid injection to relieve axial low back pain is not an indication for a lumbar fusion. This request does not adhere to MTUS 2009 and a caudal epidural steroid injection is not medically necessary. This request for a caudal epidural steroid injection is denied.

Orthopedic Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM 2004 states that consultation is appropriate to assist with diagnosis, prognosis or treatment. The patient has already been evaluated by an orthopedist. There is no explanation why another consultation is required when it has already been provided. This request for an orthopedic consultation is not medically necessary since it has already been provided.