

Case Number:	CM14-0115338		
Date Assigned:	08/04/2014	Date of Injury:	07/10/1997
Decision Date:	10/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who sustained an injury to his low back on 07/10/97 while pulling a back drill rod, when he felt a pop in his low back. CT scan of the lumbar spine dated 06/10/10 revealed fusion at L5-S1 without stenosis and marked spinal stenosis at L4-5. Physical examination noted slow antalgic gait; positive spasms in the bilateral paraspinals; tenderness to palpation bilaterally in the paravertebral area at L4 through S1; range of motion moderately limited secondary to pain; pain increased with flexion and extension; decreased sensation along the L4 through S1 dermatomes bilaterally; straight leg raise positive bilaterally. Injured worker was diagnosed with lumbar disc displacement, post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, anxiety, and status-post spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-S1 Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for outpatient L4 through S1 caudal epidural steroid injection is not medically necessary. The previous request was denied on the basis that there was no clear correlation with the latest available imaging study and the documented physical examination findings at the bilateral L4 through S1 dermatomes. In addition, there was no clear evidence presented of significant lasting functional improvement resulting from prior treatment of lumbar epidural steroid injections. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for outpatient L4 through S1 caudal epidural steroid injection is not indicated as medically necessary.