

Case Number:	CM14-0126142		
Date Assigned:	09/26/2014	Date of Injury:	11/04/2013
Decision Date:	10/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 64-year-old male who reported a work related injury on 11/04/2013 due to digging into some hard soil using a trenching shovel and experiencing pain in his low back. The injured worker's diagnoses consist of lumbar muscle strain, lumbar fact arthropathy, and acquired lumbar spondylolisthesis. The injured worker's past treatment has included an epidural steroid injection in 05/2014, which the injured worker noted to be somewhat helpful, physical therapy, chiropractic care, and medication management. Diagnostic studies include an MRI of the lumbar spine without contrast dated 01/02/2014 which revealed a 6 mm degenerative anterolisthesis of L4 with respect to L5 with severe facet hypertrophy, degenerative disc disease at L1-2 and L2-3. An x-ray of the lumbar spine on 11/06/2013 revealed levoscoliosis and degenerative changes in the lumbar spine with disc space narrowing. Upon examination on 08/27/2014, the injured worker complained of left lower back pain and discomfort. The injured worker stated he was experiencing numbness to the left thigh. Upon physical examination, it was noted that the injured worker had a nonantalgic gait and tenderness to palpation of the lumbar spine in left SI joint. It was also noted that the injured worker's muscle strength was within normal limits to the lower extremities. Sensation was noted to be within the normal limits throughout bilateral limbs. The injured worker's prescribed medications include ibuprofen and famotidine. The injured worker's treatment plan consisted of continuation of the following medications; ibuprofen, famotidine, and an epidural steroid injection. The rationale for the request and the Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), page(s) 46 Page(s): page(s) 46.

Decision rationale: According to the California MTUS Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% of pain relief with associated reduction of medication for 6 to 8 weeks after previous injection. In the documentation provided for review, the injured worker stated "the epidural steroid injection was somewhat helpful." The outcome of the prior epidural steroid injection was not clearly specified with at least 50% of pain relief, reduction of medication use, and functional improvement for at least 6 to 8 weeks. The statement "somewhat helpful" does not provide clear evidence of function improvement as a result of previous epidural steroid injections. Additionally, clinical findings did not corroborative with imaging studies. As such, based on the lack of measurable improvement and benefits made from previous injections, the request for 1 caudal epidural steroid injection is not medically necessary.