

Case Number:	CM14-0181419		
Date Assigned:	11/06/2014	Date of Injury:	07/11/2011
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation 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 53-year-old male, who reported injury on 07/11/2011. Mechanism of injury was not submitted for review. The injured worker has the diagnosis of post laminectomy syndrome lumbar region, lumbar radiculopathy, spinal stenosis of the lumbar region, and degenerative disc disease of the lumbar spine. Past medical treatment consists of steroid injections, physical therapy, and medication therapy. Medications consist of Lyrica and baclofen. No diagnostics were submitted for review. On 09/17/2014, the injured worker complained of lumbar back pain. Physical examination revealed that the injured worker had tenderness to palpation at the paraspinals. There was no paraspinal muscle spasm. Sensory examination to light touch revealed decreased to the bilateral lower extremities. Medical treatment plan is for the injured worker to undergo additional epidural injections. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Caudal Epidural L4-L5, L5-S1 (under fluoroscopic guidance, epidurogram, anesthesia): Upheld

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

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

Decision rationale: The request for caudal epidural L4-L5, L5-S1 (under fluoroscopic guidance, epidurogram, and anesthesia) is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections can offer short term pain relief and are used in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The submitted documentation did not indicate the efficacy of the previous epidural steroid injections. There was no quantification of functional improvement and documentation of a reduction of medication use with the most recent epidural steroid injection. Additionally, the submitted report lacked any indication of objective findings of numbness, weakness, or loss of strength. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.