

Case Number:	CM14-0210541		
Date Assigned:	12/23/2014	Date of Injury:	01/01/1980
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 patient is a 70-year-old male with a date of injury of 01/01/1999. According to progress report dated 11/25/2014, the patient presents with continued low back pain radiating to the right leg that is well controlled with current medication regimen. Patient's pain is aggravated when lying down and standing. Alleviating factors include rest and medications. The patient's past surgical history includes right shoulder surgery, bilateral TKA, cervical fusion, trigger finger x4, bilateral CTR, and left hand/wrist fusion. Examination of the lumbar spine revealed well-healed midline incision. There is increased pain with extension noted. Sitting straight leg raise is positive on the right and positive on the left (back only). There is decreased sensory exam on the right lower extremity. The listed diagnoses are: 1. Spondylolisthesis, lumbar, without myelopathy. 2. Lumbar discogenic spine pain. 3. Lumbar facet arthropathy. 4. Back pain, lumbar. 5. Failed back surgery syndrome. 6. Chronic pain. The patient was instructed to continue with conservative treatment including home exercise program, moist heat, and stretches. Treatment authorization request included caudal epidural steroid injection with. This is a request for caudal epidural steroid injection and lumbar x-ray. Utilization Review denied the request on 12/09/2014. Treatment reports from 12/17/2014 through 12/18/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injections, Anesthesia, Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46 and 47.

Decision rationale: This patient presents with chronic low back pain that radiates into the right leg. The current request is for caudal epidural steroid injection, anesthesia, fluoroscopy. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section page 46 and 47, "recommended as option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In this case, the patient presents with low back pain that radiates into the right leg. However, there are no diagnostics provided to corroborate the patient's right leg pain. MTUS recommends epidural steroid injections for patients with radiculopathy that is corroborated by MRI findings. This request is not medically necessary.

Lumbar X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

Decision rationale: This patient presents with chronic low back pain that radiates into the right leg. The current request is for lumbar x-ray. For special diagnostics, ACOEM Guidelines page 330 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the patient does not present with serious spinal injury, significant neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. The requested x-ray is not medically necessary.