

Case Number:	CM15-0012609		
Date Assigned:	01/30/2015	Date of Injury:	06/21/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 06/21/2013. The current diagnoses include status post L3-L4, L4-L5, L5-S1 laminectomy with epidural scarring, L4-5, L5-S1 interspace collapse, arachnoid cyst with mild arachnoiditis, and depression/anxiety secondary to chronic pain. Treatments to date include medication management, L3-S1 laminectomy on 12/26/2013, physical therapy, and home exercise program. Report dated 12/30/2014 noted that the injured worker presented with complaints that included low back pain, pain level rated as 5-6 out of 10 with radiation to the buttocks. Physical examination was noted for abnormal findings. Report dated 12/18/2014 indicates that the request for caudal epidural steroid injection with catheter is for the sensory radiculopathy that is still causing pain. The utilization review performed on 01/06/2015 non-certified a prescription for 1 caudal epidural steroid injection with catheter and IV sedation based on clinical information submitted did not establish medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection w/ catheter and IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already undergone interventions with more proven benefit such as a laminectomy, therapy and pain medications. The request, therefore, for a lumbar epidural steroid injections is not medically necessary.