

Case Number:	CM15-0161402		
Date Assigned:	08/27/2015	Date of Injury:	03/01/2007
Decision Date:	12/03/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This is a 55-year-old female with a date of industrial injury 3-1-2007. The medical records indicated the injured worker (IW) was treated for failed back surgery syndrome and lumbar radiculopathy. In the progress notes (6-29-15, 7-27-15), the IW reported constant lower back pain with pain radiating down the right leg rated 7 out of 10. She stated her medications were working without any complications. Medications included Percocet, Neurontin, OxyContin and Baclofen. On examination (7-27-15 notes), she was unable to walk on heels and toes. She could not bend more than 20 degrees. FABER test and straight leg raise were both positive. There was numbness in the L4 through S1 distribution on the right leg versus the left and the motor strength exam revealed 3+ out of 5 strength in all muscle groups tested on the right, which was worse than her previous exam (6-29-15). Deep tendon reflexes were normal at the knees and ankles, bilaterally. The lower extremity vascular exam was within normal limits. Treatments included medications (with benefit), caudal epidural steroid injection (3-6-15) with only five days of pain relief and spinal surgeries. The IW was temporarily totally disabled. The records did not contain any urine toxicology testing to confirm the IW was compliant with medications. A Request for Authorization was received for one caudal lumbar epidural steroid injection as an outpatient. The Utilization Review on 8-12-15 non-certified the request for one caudal lumbar epidural steroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One caudal lumbar epidural steroid injection as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, epidural injections are indicated for those with radiculopathy confirmed on exam and diagnostics. In this case, the claimant does have radicular findings on exam but there is no recent EMG or MRI to correlate with the findings. There is no mention of using fluoroscopy. In addition, the ESIs are not recommended by the ACOEM due to their short-term benefit. The request is not medically necessary.