

Case Number:	CM15-0171458		
Date Assigned:	09/11/2015	Date of Injury:	03/15/2010
Decision Date:	10/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 47 year old male with an industrial injury dated 03-15-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus, lumbar stenosis, facet hypertrophy of the lumbar spine, and cervical herniated nucleus pulposus. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine and cervical spine, X-ray of the lumbar spine and cervical spine, prescribed medications, epidural steroid injection (ESI) on 04-01-2015 and periodic follow up visits. Medical records indicate ongoing neck and back pain. Medical records (4-13-2015) also indicate that the injured worker reported early relief from epidural steroid injection (ESI) on 4-01-2015 and improvement in his back and leg symptoms. According to the progress report dated 07-31-2015, the injured worker reported neck pain a 7 out of 10 and persistent low back pain rated an 8 out of 10. The injured worker reported that his lower back pain is greater on left than right, with radiation down the posterior thighs and numbness in bilateral lower extremities down to the toes. Objective findings (07-31-2015) revealed mildly antalgic gait, decreased cervical and lumbar spine range of motion, limited by pain, bilateral pain with lumber facet loading, decreased sensation of left L4, L5 and S1 dermatomes and positive bilateral straight leg raises. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 06-22-2015 revealed levoscoliosis with postoperative changes and retrolisthesis L3-4 and L4-5 with degenerative changes and facet arthropathy. Canal stenosis at L3-4 mild, L4-5 mild to moderate canal stenosis, neural foraminal narrowing at L3-4 caudal right mild left, L4-5 moderate bilateral and mild right L5-S1 were also noted. X-ray of the lumbar spine dated 05-07-2015 revealed multilevel anterior and posterior

osteophytes, mild to moderate disc space narrowing at L5-S1 and moderate disc space narrowing at L4-5. The treating physician prescribed services for repeat caudal epidural steroid injection. Utilization Review determination on 08-24-2015, non-certified the request for repeat caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: ESIs are indicated for those with radiculopathy confirmed with MRI. In this case, the claimant's MRI did not indicate nerve root impingement. Percent benefit from prior ESI and length of benefit was not mentioned. ESIs provide short term benefit and are not supported by the ACOEM guidelines. The request for another ESI is not medically necessary.