

Case Number:	CM15-0172860		
Date Assigned:	09/15/2015	Date of Injury:	11/24/1999
Decision Date:	10/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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 62 year old male, who sustained an industrial-work injury on 11-24-99. He reported initial complaints of lower back pain. The injured worker was diagnosed as having lumbago, failed back surgery syndrome, and right lumbar radiculopathy. Treatment to date has included medication, diagnostics, and surgery (four surgeries with L2-S1 fusion). Currently, the injured worker complains of constant pain rated 8 out of 10 and described as aching, sharp, shooting, and stabbing that is worse in the afternoon and evening. Meds include Gabapentin and Suboxone. Per the primary physician's progress report (PR-2) on 7-20-15, exam reports pain on both sides at L3-S1 region with palpation of the lumbar facet, gait is antalgic, inability to perform heel-toe walk, normal motor strength but with left extremity extensors at 4 out of 5, decreased sensation in the left ankle, DTR (deep tendon reflexes) in right Achilles is 1 and left is absent, straight leg raise on left is positive. A back brace was issued for support. The Request for Authorization requested service that included Caudal epidural injection. The Utilization Review on 8-7-15 denied the request due to lack of documentation of radiculopathy per physical examination and corroborated by imaging studies and-or electrodiagnostic testing, therefore fails to meet evidence based guidelines, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant has an epidural every 6 weeks indicating lack of sustained relief. The claimant had already undergone a fusion and recent imaging or diagnostics is not available to correlate with radiculopathy. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The request for another ESI of the cervical spine is not medically necessary.