

Case Number:	CM15-0178244		
Date Assigned:	09/18/2015	Date of Injury:	02/21/1997
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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 61-year-old male who sustained an industrial injury February 21, 1997. Past history included PTCA (percutaneous transluminal coronary angioplasty) with stent placement, laminectomy, carpal tunnel release, obstructive sleep apnea, essential hypertension, hypothyroidism, and chronic obstructive bronchitis. According to a treating physician's progress notes dated August 7, 2015, the injured worker presented for a follow-up visit for back pain. He had his last epidural steroid injection May 8, 2015, and noted slight improvement in back pain, reported at about 10%. He would like to try another injection. Medication list included Benazepril, Carisoprodol, Dexilant, Finasteride, Gemfibrozil, Lomotil, Lorazepam, Paroxetine, Synthroid, Tamsulosin and Tramadol. Physical examination revealed; 5'8" and 170 pounds; lumbar spine- mild bilateral paraspinal muscle tenderness present, straight leg raise positive on the right, moderately reduced flexion and extension; sensation intact to light touch in extremities; normal gait, able to stand without difficulty. Assessment is documented as back pain; lumbar spondylosis with myelopathy; Treatment plan physician documented; "the injured worker advised on referral back to interventional radiologist for repeat epidural steroid injection". At issue, is the request for authorization for an epidural injection (unspecified level and laterality). According to utilization review dated August 12, 2015, the request for Epidural Injection (unspecified level and laterality) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection (unspecified level and laterality): 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, there is no evidence of radiculopathy. In addition, the claimant had a prior ESI without information on clinical response. The level of the ESI was not provided. Therefore, the request for an ESI is not medically necessary.