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| Case Number: | CM13-0008437 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/04/2000 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 53 year old woman who sustained a work related injury on June 1, 2000. She subsequently developed chronic lower back pain. According to the note of July 31, 2013, the patient reported lower back pain, burning, throbbing, numbness and tingling across the lower back. Her pain severity was a 8-9/10. The pain is aggravated by activity. Physical examination demonstrates lumbar paraspinal tenderness with reduced range of motion, positive straight leg raise, positive, positive Patrick sign. The patient was diagnosed with failed back surgery, lumbar radiculopathy and facet arthropathy. Her provider requested authorization for caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant log

term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for caudal epidural steroid injection is not medically necessary.