

Case Number:	CM13-0011105		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2008
Decision Date:	03/05/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational 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:

The patient is a 42-year-old male who reported injury on 09/26/2008. The mechanism of injury was stated to be the patient was lifting a heavy box over 100 pounds off a pallet and as he was lifting the box and the patient was twisting to the right and the handle of the box broke and in order to keep the box from falling to the ground the patient put his hand up on the box and felt a pop in the low back area. Per the note dated 09/11/2013, the patient was noted to have an abnormal study for bilateral L5 radiculopathy. There was no clinical documentation submitted for the requested procedure. The patient's diagnoses per the application of independent medical review was noted to be lumbosacral spondylosis/chronic pain syndrome/lumbar DDD and the request per the submitted application for independent medical review was for a caudal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection (ESI) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that an epidural steroid injection (ESI) for radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to support the above criteria as there was a lack of examination that was submitted with the request. Additionally, there was a lack of documentation indicating the level and laterality for the caudal ESI.