

Case Number:	CM13-0019252		
Date Assigned:	12/11/2013	Date of Injury:	04/16/1986
Decision Date:	02/12/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation, 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 52-year-old female who reported an injury on 04/16/1986. The patient ultimately developed chronic low back pain. Prior treatments included chiropractic care, aquatic therapy, physical therapy, medications, and a radiofrequency ablation. The patient's most recent clinical examination findings included low radiating back pain described as 5/10. Physical findings included tenderness to palpation along the paraspinal musculature with an unremarkable neurological examination. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Injection: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections for patients who have documented physical findings of radiculopathy that are corroborated by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has had extensive conservative

treatment that has failed to resolve the patient's pain. However, the clinical documentation does not include any indication of radicular findings to support the need for an epidural steroid injection. Additionally, although it is noted that the patient underwent an MRI in 2012, that imaging study was not included in the medical records provided for review. As the patient has no clinical exam findings of radiculopathy and there is no imaging study to support nerve root pathology, a caudal injection is not medically necessary and appropriate.