

Case Number:	CM13-0019873		
Date Assigned:	10/11/2013	Date of Injury:	10/20/2011
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
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:

This is a 43 year old male who reported a work related injury on 10/20/2011 and the mechanism of injury was that the patient injured back while carrying car batteries. The patient is requesting a caudal epidural steroid injection. MD office visit note, 07/26/2013, reports the patient was evaluated for complaint of bilateral low back pain but worse on the right and sciatica was right greater than left. Pain reported radiating down leg in L5 distribution and the patient reported numbness and tingling. There was also limited lumbar flexion and extension. Medications listed on same report include Ibuprofen 600mg, Tramadol one tab, Laratadine, Famotidine, Naproxen. MD progress note dated 07/31/2013 also includes that the patient was placed on Medrol Dose Pack for 6 days and Mobic 7.5mg. No surgeries documented. The report also states that the patient has had physical therapy. Epidural steroid injections: first in June 2012 and in January 2013. The efficacy and duration for pain relief from ESI's not provided in report. MRI 03/25/2013: L5-S1 shallow central/right paracentral disk protrusion present causing mild mass effect upon the right S1 nerve root. EMG 12/04/2013 showed both lower limbs to have chronic mild L5-S1 radiculopathies. Psychiatric evaluation dated 08/19/2013 revealed that the patient has not misused medications.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: California MTUS Guidelines for epidural steroid injections state that "in the therapeutic phase, repeat blocks should be based on continued objective documentation of at least 50% decrease in pain, increase in functional activity and reduction in medication use for 6 weeks to 8 weeks". The clinical information does not indicate the patient had 50% pain relief from prior ESI injections and there is lack of documentation of reduction in pain medication usage. Furthermore, there is no clinical submitted for review to determine the efficacy of the most recent epidural steroid injection in January 2014. Therefore, based on the lack of documentation and California MTUS Guidelines, the request for caudal epidural injection is non-certified.