

Case Number:	CM13-0027366		
Date Assigned:	11/22/2013	Date of Injury:	06/02/2006
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 76-year-old male who sustained a work related injury on 05/26/2009. Subjectively, the patient reported complaints of bilateral knee pain and stiffness and low back pain. Objectively, the patient had back and bilateral leg pain as well as low back muscle spasm. The patient's medications included Norco 10/325 mg 4 times per day. A request for authorization for an epidural steroid injection was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient caudal epidural steroid injections with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks". The clinical provided suggests that the patient has undergone prior injections; however, the specifics are not detailed. The clinical indicates the

patient was 8 months pain free, but there is lack of objective documentation of functional improvement or decreased medication usage. Therefore, based on the lack of documentation that supports the criteria for the use of epidural steroid injections, the request for outpatient caudal epidural steroid injections with anesthesia is noncertified.