

Case Number:	CM13-0030115		
Date Assigned:	11/27/2013	Date of Injury:	01/15/2008
Decision Date:	01/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

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.

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 57-year old female patient who sustained a slip and fall injury on 1/15/08 when the patient landed on her left hip injuring her hip and lower back. The patient has been treated with physical therapy, Chiropractic, oral medications and injections which included 2 prior caudal epidural steroid injections(CESI) with her last injection administered on 7/11/13. Her primary treating physician's PR2, dated 8/26/13 and 11/18/13 reveal that the patient has worsening low back pain since her last CESI on 7/11/13 with no benefit from injection. Examination reveals full flexion and decreased extension, (+)Patrick's on the left, (-)SLR, bilaterally and (+)Facet loading. Neurological examination including reflexes, motor and sensory testing is normal. Utilization Review has denied the request for a caudal epidural steroid injection to the coccyx.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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 Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines recommend no more than two (2) epidural steroid injections (ESIs). This patient has already had two (2) ESIs, with the first yielding some

benefit, but the second ESI aggravated the symptoms. A third ESI would not be warranted under the guidelines. Therefore the third ESI is not medically necessary.