

Case Number:	CM13-0031674		
Date Assigned:	12/04/2013	Date of Injury:	11/30/1989
Decision Date:	02/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 51-year-old female who reported injury on 11/30/1989. The mechanism of injury was stated to be the patient was pulling a drawer and pulled it out and pulled it off the track. The patient was noted to have cervical epidural injections every 3 months to 4 months, with the last injection being 07/10/2013. The epidural steroid injections were noted to help. The patient's diagnoses were noted to include lumbar radiculopathy, lumbar spondylosis, lumbar DDD, and cervical radiculopathy. The patient was noted to have tenderness to palpation to the lower cervical spine. The request was made for caudal epidural steroid injection x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection x1: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, recommend, for repeat epidural steroid injection, there must be objective documented pain and functional improvement,

including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the patient had cervical epidural steroid injections, with the last of them being 07/10/2013. There was a lack of documentation of the above criteria. Additionally, there was a lack of documentation indicating the level of the caudal epidural steroid injection x1. Given the above, the request for Caudal Epidural Steroid Injection x1 is not medically necessary.