

Case Number:	CM13-0044626		
Date Assigned:	04/25/2014	Date of Injury:	07/16/2004
Decision Date:	07/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 expert 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:

██████████ is a 54 year old woman who sustained a work related injury on July 16 2004. Subsequently, she developed a chronic back pain. According to a note of October 6 2013, the patient developed a chronic back pain radiating to both lower extremities with limitation of activity of daily living. Her physical examination demonstrated lumbar tenderness at L4-S1 level with reduced range of motion. Her MRI of the lumbar spine showed broad disc bulges at L3-S1. On 2010, the patient underwent caudal epidural injection with 60% pain relief for 3 months. The patient was diagnosed with lumbar radiculopathy, chronic pain and left knee pain. The provider requested authorization for a caudal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines Low back complaints, page(s) 309, epidural steroid injection is optional for radicular pain to avoid surgery.

It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. Chronic Pain Medical Treatment Guidelines Low back complaints, page(s) 309 does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for caudal epidural steroid injection is not medically necessary.