

Case Number:	CM13-0057662		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2006
Decision Date:	03/27/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 and Rehabilitation, 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:

This is a male patient with the date of injury of February 22, 2006. A utilization review determination dated October 21, 2013 recommends non-certification of outpatient caudal epidural steroid injection. The previous reviewing physician recommended non-certification of outpatient caudal epidural steroid injection due to lack of documentation of objective findings on examination of radiculopathy. A Clinic Note dated November 27, 2013 identifies he did get good pain relief from epidural injection, and his worker's comp attorney is attempting to get one authorized. A Clinic Note dated October 11, 2013 identifies Subjective findings of low back pain that is pretty much the same. He would like an epidural. Objective findings identify range of motion is only 10 degrees right and left lateral bending, 10 degrees extension, and 30 degrees flexion, and 3+ erector spinalis muscle spasm and hypertrophy. Impression includes lumbar spondylosis. Recommendations include refills on Oxycodone and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient caudal epidural steroid injection: Upheld

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

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

Decision rationale: Regarding the request for outpatient caudal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. There is no mention of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks after the prior injection. In the absence of such documentation, the currently requested outpatient caudal epidural steroid injection is not medically necessary.