

Case Number:	CM13-0059204		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	04/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 07/11/2012, after she lifted a 6-foot table, which reportedly caused injury to her lumbar spine. The patient's treatment history included medial branch blocks, a radiofrequency ablation, and physical therapy. The patient underwent an MRI of the lumbar spine that did not reveal any disc bulge or herniation. There was facet capsulitis noted at the L4-5 and L5-S1 levels. The patient's most recent clinical chart note documents that the patient underwent radiofrequency ablation from the L3-S1 in 10/2013. Physical findings included tenderness to palpation over the lumbar facets, range of motion of the lumbar spine restricted in extension secondary to pain, with normal motor strength of the bilateral lower extremities. A request was made for a caudal epidural steroid injection under fluoroscopic guidance with conscious sedation in a series of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection under fluoroscopic guidance with conscious sedation - times three (3) over three (3) months: 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 Page(s): 46.

Decision rationale: The requested caudal epidural steroid injection under fluoroscopic guidance with conscious sedation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have evidence of radiculopathy upon physical examination that is corroborated by an imaging study, and has failed to respond to conservative treatments. The clinical documentation does indicate that the patient has recently undergone a course of physical therapy. However, the patient's most recently submitted chart note was an incomplete chart note and did not document any radicular findings. Additionally, the MRI submitted for review was an incomplete report that did not document any nerve root pathology. Therefore, an epidural steroid injection would not be supported. Also, Official Disability Guidelines do not recommend sedation during an epidural steroid injection procedure unless there is documentation that the patient has significant anxiety related to the procedure. There is no documentation that the patient has any anxiety related to the procedure. Therefore, sedation would not be supported. Also, the California Medical Treatment Utilization Schedule does not recommend a series of 3 epidural steroid injections. As such, the requested caudal epidural steroid injection under fluoroscopic guidance with conscious sedation 3 times over 3 months is not medically necessary or appropriate.