

Case Number:	CM13-0061267		
Date Assigned:	05/07/2014	Date of Injury:	06/29/2009
Decision Date:	07/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 60 year old woman who sustained a work related injury on June 29 2009. Subsequently, she developed a chronic back pain. The patient underwent a lumbar fusion. According to the last clinical note, the patient was complaining of chronic back pain radiating to the right lower extremity with difficulty with sleep. The pain is aggravated by movements. Her physical examination was significant for an antalgic gait, lumbar tenderness and decreased sensation in the right L4-5 dermatoma. However her MRI of August 2013 did not corroborate the diagnosis of radiculopathy. The patient was diagnosed with lumbar radiculopathy chronic pain and status post fusion in the lumbar spine. She was treated conservatively without success. The provider requested authorization for right caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION RIGHT L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Low back complaints Page(s): 309.

Decision rationale: Chronic Pain Medical Treatment Guidelines, 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. The radiological finding does not corroborate the clinical findings for the diagnosis of lumbar radiculopathy. There is no clear and recent documentation of failure of oral pain medications Chronic Pain Medical Treatment Guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Caudal Epidural Steroid Injection right L4-S1 is not medically necessary.