

Case Number:	CM13-0071722		
Date Assigned:	01/08/2014	Date of Injury:	02/08/2005
Decision Date:	04/15/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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:

The patient is a 57-year-old who reported an injury on 02/08/2005. The mechanism of injury was not stated. The patient is diagnosed with ankle pain, reflex sympathetic dystrophy, thoracic radicular injury, knee pain, lumbar disc disease, and chest wall pain. The patient was seen by [REDACTED] on 12/10/2013. The patient reported persistent pain over multiple areas of the body. Physical examination only revealed back pain, right leg pain, ankle pain, hip pain, knee pain, and foot pain. Treatment recommendations included continuation of current medications, as well as therapeutic nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE CAUDIAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction

with other rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There is no documentation of an exhaustion of recent conservative treatment including exercises, physical methods, NSAIDS (non-steroidal anti-inflammatory drugs), and muscle relaxants. The specific level at which the epidural steroid injection will be administered was not specified in the request. The request for a lumbar spine caudial epidural steroid injection is not medically necessary or appropriate.