

Case Number:	CM14-0002369		
Date Assigned:	01/09/2014	Date of Injury:	05/05/2001
Decision Date:	01/30/2014	UR Denial Date:	12/04/2013
Priority:	Expedited	Application Received:	01/08/2014

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 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 58 year-old female sustained an injury on 5/5/01 while employed by [REDACTED]. Request under consideration includes URGENT caudal epidural steroid injection under ultrasound guidance. Report of 10/24/13 from [REDACTED] noted the patient with complaints of mild to moderate back and sciatic pain. Current medications include Ambien, Buenavista, Soma, Cymbalta, Hydrocodone-apap, Ibuprofen, Lyrica, Nucynta, Omeprazole, Pennsaid drops, and Voltaren Gel. Report noted the patient had previous injection treatment. X-rays of the lumbar spine (Undated) documented L4-L5, S1 degenerative disc disease, facet degenerative disc disease. Exam showed positive lumbar spine spasms; trigger point at L5, right and left sciatic notch, iliac crest, and lumbar paraspinal L4-5 bilaterally with 50 percent reduction in range of motion; sensory exam was abnormal. Diagnoses were sciatica, degenerative disc disease, and facet degenerative-disc disease of lumbar spine. Request for caudal epidural steroid injection was non-certified on 12/4/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT caudal epidural steroid injection under ultrasound guidance: Upheld

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

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

Decision rationale: This 58 year-old female sustained an injury on 5/5/01 while employed by [REDACTED]. Request under consideration includes URGENT caudal epidural steroid injection under ultrasound guidance. Report of 10/24/13 from [REDACTED] noted the patient with complaints of mild to moderate back and sciatic pain. Current medications include Ambien, Buenavista, Soma, Cymbalta, Hydrocodone-apap, Ibuprofen, Lyrica, Nucynta, Omeprazole, Pennsaid drops, and Voltaren Gel. Report noted the patient had previous injection treatment. X-rays of the lumbar spine (Undated) documented L4-L5, S1 degenerative disc disease, facet degenerative disc disease. California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There are no MRI or EMG/NCV reports for review except for an undated x-rays showing degenerative disc and facets. The patient exhibited ongoing chronic pain symptoms without indication for future surgical procedures. The patient had undergone previous injections; however, submitted reports have not adequately demonstrated previous pain relief or functional improvement from injections previously rendered. The URGENT caudal epidural steroid injection under ultrasound guidance is not medically necessary and appropriate.