

Case Number:	CM14-0002581		
Date Assigned:	01/29/2014	Date of Injury:	05/18/1998
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticut, and Texas. 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 injured worker is a 55 year-old female who sustained an injury to her low back on 5/18/98. The mechanism of injury was not provided for review. It was reported that the injured worker underwent one caudal epidural steroid injection under fluoroscopic guidance on 8/24/12 that provided 50% relief in her low back pain for an unspecified duration. The injured worker was able to restart Norco without any gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR CAUDAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: It was reported that the injured worker underwent one caudal epidural steroid injection under fluoroscopic guidance on 8/24/12 that provided 50% relief in low back pain for an unspecified duration. The California MTUS Chronic Pain Medical Treatment Guidelines state that in the therapeutic phase, 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. Given the absence of documentation of duration of relief and the clinical documentation submitted for review, medical necessity of the request for one lumbar caudal epidural steroid injection under fluoroscopy has not been established.