

Case Number:	CM14-0108700		
Date Assigned:	08/01/2014	Date of Injury:	11/05/1999
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation 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 injured worker is an 83-year-old female who reported an injury on 11/05/1999 due to unknown mechanism. The injured worker's diagnoses were chronic pain syndrome, cervicalgia, cervical radiculopathy, lumbar radiculopathy, degenerative disc disease cervical spine, degenerative disc disease lumbar spine, lumbar degenerative facet disease, bilateral shoulder pain, and rotator cuff syndrome. The injured worker's past treatments include physical therapy as well as medications. There were no current or pertinent diagnostics documented with documentation provided for review. On physical examination dated 06/27/2014, there was noted muscle weakness, muscle cramps, joint swelling, bone pain and joint stiffness and back pain. The injured worker was having difficulty breathing when lying down, leg cramps during exertion, shortness of breath, and ankle swelling. The physical examination revealed the injured worker ambulated without a device, moved with a steady broad-based gait, had decreased range of motion of the torso and had tenderness to palpation over the low back. No neurological deficits were documented. The injured worker's medications were MS Contin 15 mg, Norco 10/325, Soma 350 mg, lido cream 4%, and aspirin tablets. The treatment plan is for a caudal epidural steroid injection with fluoroscopy and monitored sedation. The rationale for the request was not submitted with documentation. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with Fluroscopy and Monitored Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, ESI.

Decision rationale: The request for caudal epidural steroid injection (ESI) with fluoroscopy and monitored sedation is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain when documented on a physical examination and corroborated on a magnetic resonance imaging (MRI). Official Disability Guidelines (ODG) indicates sedation is not generally used for ESI but is not contraindicated. According to clinical record submitted the injured worker was encouraged to do a gradual and progressive daily stretching regimen to minimize chronic pain. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is no documentation notating the functional deficits or progress with physical therapy. There were no objective findings of neurological deficits on the most recent examination to support the criteria for an epidural steroid injection. An MRI of the lumbar spine was not provided to reveal the presence of nerve root impingement. The request also included the use of sedation, which is not recommended in the absence of anxiety, which was not documented. As such, the request is not medically necessary.