

Case Number:	CM14-0109098		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2003
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
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 and Rehabilitation, has a subspecialty in Pain 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:

The records presented for review indicate that this 58-year-old female was reportedly injured on July 9, 2003. The mechanism of injury was noted as sliding a machine onto a cart. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. Pain was rated at 10/10 without medications and 8/10 with medications. The physical examination demonstrated tenderness along the lower lumbar spine from L4 through S1 and decreased lumbar spine range of motion secondary to pain. A neurological examination indicated there was decreased sensation at the left L5 and S1 dermatomes. There was a positive left-sided straight leg raise test at 50 . A neurological examination of the upper extremities indicated there was decreased sensation at the right C6 and C7 dermatomes. Diagnostic imaging studies of the lumbar spine dated October 11, 2010 revealed severe degenerative changes of the lumbar spine with multilevel disc bulges, spinal stenosis from L2 through L5, and disc space narrowing greatest at L4-L5. Previous treatments included knee surgery, chiropractic care, aquatic therapy, home exercise, and oral medications. A request had been made for a left caudal epidural steroid injection and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Caudal Epidural: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections include the presence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent progress note, dated July 3, 2014, does indicate abnormal neurological findings in the lower extremities. There are also abnormal MRI findings indicating borderline spinal stenosis from L2 through L5. However, this request does not indicate which level or how many levels are intended to be injected. As such, this request for a left caudal epidural steroid injection is not medically necessary.