

Case Number:	CM14-0010915		
Date Assigned:	02/21/2014	Date of Injury:	04/19/1989
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, and is licensed to practice in 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 61 year old female who sustained an injury to her low back on 04/19/89. The mechanism of injury was not documented. The injured worker presented to the clinic with complaints of low back pain that is located in the bilateral paralumbar region radiating to the left buttock described as sharp, dull, throbbing, intermittent, aching and discomfortable. This was a sudden onset. Physical examination noted normal gait; intact heel/toe walk; tenderness in the left buttock; tenderness in the bilateral facet joints; range of motion lumbar extension painful with extension 51-75%; painful lumbar muscles while left lateral bending 51-75%; right lateral bending painful as well as all other planes 51-75%. The injured worker was diagnosed with chronic pain syndrome, lumbar radiculitis and lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL INJECTIONS,

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

Decision rationale: The previous request was denied on the basis that the case does not clearly meet the requisite criteria for radiculopathy for an epidural steroid injection. Radiculopathy must be documented. Objective findings on examination need to be present. The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. After reviewing the submitted documentation, there was no imaging study provided for review that would correlate with an active radiculopathy in the lumbar spine. Given the clinical documentation submitted for review, medical necessity of the request for caudal epidural steroid injection has not been established. The request is not medically necessary and appropriate.