

Case Number:	CM14-0123341		
Date Assigned:	08/08/2014	Date of Injury:	02/20/1998
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 54 year old female who sustained injury to her low back on 02/20/98. Mechanism of injury was not documented. There were no imaging studies or physical therapy notes provided for review. Clinical note dated 06/26/14 reported that the injured worker noted current medication regimen continued to be helpful with increasing daily function without causing intolerable side effects. No changes in general health in the past month. Her back and legs continued to be painful and she looked forward to the caudal injection. The patient described her pain constant in the bilateral buttocks, hips and low back that was sharp, aching, cramping and shooting in nature at 4-10/10 VAS. Physical examination noted ambulation slowly with difficulty, broad-paced antalgic gait; ambulation with a wheeled walker; palpation tenderness positive. There was no recent detailed physical examination of the lumbar spine. The patient was diagnosed with lumbar spine radiculopathy, back pain, obesity, diabetes mellitus type 2 (on insulin) and degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI (Epidural Steroid Injection): 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 INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging study provided for review that would correlate with limited physical examination findings of an active radiculopathy at any level in the lumbar spine. The MTUS also states that injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxers). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for caudal epidural steroid injection is not indicated as medically necessary.