

Case Number:	CM14-0135381		
Date Assigned:	09/03/2014	Date of Injury:	05/04/2005
Decision Date:	09/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 Illinois. 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 53-year-old female who reported an injury on 05/04/2005. The mechanism of injury was not provided. On 01/21/2014, the injured worker presented with back pain. Upon examination, there was back, joint, and neck pain and joint swelling and muscle weakness. Upon examination of the lumbar spine, there was spasm and tenderness noted over the spinous, paraspinous, lumbar, gluteal, sacrum, and SI joint. There was a positive right-sided FABER test. There was restricted pain and full range of motion. The diagnoses were lumbar radiculopathy, failed back surgery syndrome of the lumbar spine, chronic pain due to trauma, and myalgia and myositis unspecified. Prior therapy included medications. The provider recommended a caudal lumbar epidural steroid injection. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Lumbar Epidural Steroid Injection: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for caudal lumbar epidural steroid injection is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review lacked evidence of the injured worker's failure to respond to initially recommended conservative treatment. Examination revealed painful restricted range of motion, tenderness over the spinous, paraspinal, lumbar, gluteal, sacrum, and SI joint. There was evidence of a positive Patrick's/FABER test to the right. More information is needed on motor strength and sensory deficits, as well as the results of a straight leg raise test. There is a lack of documentation on physical examination findings and imaging studies or electrodiagnostic studies to correlate radiculopathy. In addition, the documentation fails to show the injured worker would be participating in an active treatment program with the requested injection. Moreover, the request failed to specify the level or levels being requested and the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.