

Case Number:	CM14-0145710		
Date Assigned:	09/12/2014	Date of Injury:	09/16/2011
Decision Date:	12/26/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 underlying date of injury in this case is 09/16/2011. The date of utilization review under appeal is 08/27/2014. The patient's diagnoses include a failed back surgery syndrome and intermittent lumbar radiculopathy. On 07/09/2014, the patient was seen in treating physician followup. The patient was noted to be status post a caudal epidural injection with a RACZ catheter. The patient reported it was the best injection he felt and his pain level was between 2/10 and 3/10. He was working full duty without restrictions and stated the pain was starting to come back but was much improved compared to his prior visit. Lumbar motion was accomplished without any complaints of pain. No specific neurological deficits were noted. The treating physician requested a repeat caudal epidural injection.

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) with RACZ Catheter at L1-L2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state, "Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing," and also indicates, "Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6-8 weeks." It is not clear that this patient continues with a diagnosis of a radiculopathy as the records do not clearly discuss symptoms, exam findings, and diagnostic studies in a particular radicular distribution. Moreover, the duration of relief from the prior injection is not clear, and it is not clear how the patient's return-to-work status correlates time-wise with the past epidural injection. As of this time there is insufficient information to support an indication for the requested repeat epidural injection. This request is not medically necessary.