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| Case Number: | CM14-0172802 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/09/1998 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 Interventional Spine 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 patient is a 53-year-old female with date of injury of 10/09/1998. The listed diagnoses per [REDACTED] from 08/26/2014 are: 1. Sacroiliac joint dysfunction. 2. Coccygodynia. 3. Chronic pain syndrome. According to this report, the patient complains of low back pain. The patient is described as constant, aching, burning and deep in the midline of the lumbar region without radiation into the upper and lower extremities. She has had physical therapy with no improvement and chiropractic treatments with some improvement of her pain. The only thing that really helped was a series of trigger point injections a few years ago. She also had fluoroscopy guided sacroiliac joint injections, date of which is unknown. The examination shows the patient is alert and oriented. Gait is normal without evidence of antalgia or foot drop. Lower extremity strength is 5/5. Lumbar spine exhibits normal curvature without appreciable asymmetry. No tenderness to palpation over the lumbar paraspinal or spinous processes. Lumbar range of motion if normal. Lumbar spine muscle strength is normal. SLR is negative. No tenderness to palpation of the greater trochanters, anterior hip, ITB or SI joint. The documents include an MRI of the pelvis from 09/10/2014 and an x-ray of the sacrum from 08/26/2014. The utilization review denied the request on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection W/ IV Conscious Sedation if needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46, 47.

Decision rationale: This patient presents with low back pain. The treater is requesting caudal epidural steroid injection. The MTUS Guidelines pages 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The treater references an MRI of the lumbar spine from 05/27/2010 that showed mild dissection of the L3-4, L4-5 and L2-3 disc spaces are seen without significant posterior bulging or focal protrusions. The 08/26/2014 report shows lumbar spine exhibits normal curvature without appreciable asymmetry. Seated straight leg raise is negative bilaterally. There is no tenderness to palpation over the bilateral sacroiliac joints. Normal lumbosacral and pelvic posture, symmetric height of ASIS, PSIS, greater trochanters, and iliac crests. The records do not show prior ESI. In this case, the treater does not discuss nerve root lesions on imaging and MRI does not show it either. The patient also does not present with any leg symptoms in a specific nerve root distribution. Without a diagnosis of radiculopathy, which require radicular pain, positive exam, and corroborating imaging findings for a nerve root lesion, ESI is not indicated per MTUS. Recommendation is for denial.

Follow up in 1-2 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with low back pain. The treater is requesting a follow-up in 1 to 2 weeks. The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in person or telephone. The utilization review denied the request stating that the epidural was recommended for denial, and a follow-up visit after the epidural is denied. In this case, ACOEM Guidelines supports follow-up evaluations and the request is reasonable to review the patient's status and well-being. Recommendation is for authorization.