

Case Number:	CM14-0022645		
Date Assigned:	06/11/2014	Date of Injury:	10/01/2008
Decision Date:	08/06/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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 10/01/2008. The primary diagnosis is lumbosacral neuritis. The patient's initial mechanism of injury was a fall. MRI (magnetic resonance imaging) imaging of the lumbar spine on 03/04/2010 demonstrated broad-based right paracentral disc protrusion with facet arthropathy at L5-S1 and minimal bulging and facet arthropathy at L4-L5. Previously on 05/04/2013, the patient underwent a caudal epidural injection. The patient reported previous 60% pain relief for two weeks. As of 01/29/2014, the patient was seen in followup by her treating physician. The treating physician noted the patient was previously permanent and stationary with regard to sacroiliac and bilateral buttock pain. At that time the patient presented with upper extremity pain and numbness, felt due to right C7 radiculopathy. A request was made for a cervical epidural injection at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) caudal epidural steroid injection between 2/18/2014 and 4/4/2014: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, in the repeat phase, there should be evidence of at least 50 percent pain relief with associated reduction of medication use for 6-8 weeks and functional improvement. The medical records in this case do not clearly provide details regarding the patient's response to a prior caudal epidural injection. Moreover, the medical records do not clearly document history, physical examination, and diagnostic data to support the presence of a focal lumbar radiculopathy. For multiple reasons, this request is not supported by the MTUS guidelines. As such, the request for one (1) caudal epidural steroid injection between 2/18/2014 and 4/4/2014 is not medically necessary.