

Case Number:	CM14-0023840		
Date Assigned:	06/11/2014	Date of Injury:	01/27/1984
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 64-year-old male who reported an injury on 01/27/1984. The mechanism of injury was not provided in the documentation. Per the clinical note dated 05/30/2014, reported the injured worker had tenderness to the right sacroiliac (SI) joint and moderate low lumbar facet joint; extension caused pain; straight leg raise was positive to the right. There was tenderness over bilateral sacroiliac joints with positive distraction, thigh thrust; Gaenslan's test, sacroiliac joint compression test and sacral thrust. Motor strength, sensation, and reflexes were all normal bilaterally. Prior treatments for the injured worker were reported to include a home exercise program, moist heat stretches, and medication. The diagnoses for the injured worker were reported to include lumbar radiculopathy, facet arthropathy of the lumbar, sacroiliac joint dysfunction, and failed back surgery syndrome. The Request for Authorization for medical treatment for the caudal epidural steroid injection was dated 02/10/2014. However, the provider's rationale for that injection was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTION WITH RACZ CATHETER WITH FLUORO-ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESIS) Page(s): 46.

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

Decision rationale: The request for caudal epidural steroid injection with RACZ catheter with fluoro-anesthesia is not medically necessary. California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Criteria for epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing that is initially unresponsive to conservative treatment. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with the general recommendation of no more than 4 blocks per region per year. There is a lack of documentation of imaging or electrodiagnostic studies to indicate radiculopathy. There is a lack of documentation regarding objective clinical findings of radiculopathy. There is documentation that the injured worker is participating in a home exercise program. However, there is a lack of documentation regarding the efficacy of that program. There is a lack of documentation regarding conservative treatments that have been utilized for the injured worker and the efficacy of those treatments. Therefore, the request for caudal epidural steroid injection with RACZ catheter with fluoro-anesthesia is not medically necessary.