

Case Number:	CM14-0030986		
Date Assigned:	06/20/2014	Date of Injury:	05/04/2012
Decision Date:	07/22/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 injured worker is a 46-year-old male who reported an injury on 05/04/2012. The mechanism of injury was not stated. The injured worker's treatment history included medications, activity modifications, and surgical intervention. The injured worker underwent an MRI dated 11/30/2013 that concluded there was evidence of a bilateral laminectomy at the L3-4 and L4-5; a disc protrusion at the L3-4, indenting on the thecal sac, a disc protrusion of the L4-5 and L5-S1 without any nerve root pathology. The injured worker was evaluated on 01/15/2014. The physical examination noted that the injured worker had 8/10 pain that was exacerbated by prolonged activities; however, there were no objective physical findings provided during the examination. The injured worker's diagnoses included degenerative disc disease of the lumbar spine and late postoperative pain in the lumbar spine. A request was made for electrodiagnostic studies to determine the injured worker's pain generator. Additionally, an epidural steroid injection was requested. It was specifically noted that these procedures would be performed separately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections.

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

Decision rationale: The requested caudal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular symptoms, upon physical examination, that have failed to respond to conservative treatment, and are corroborated by an electrodiagnostic or imaging study. The clinical documentation submitted for review does indicate that the injured worker has an imaging study that does support nerve root pathology; however, the injured worker's most recent clinical evaluation did not provide a physical evaluation to support radicular symptoms. Therefore, a caudal epidural block would not be indicated in this clinical situation. As such, the requested caudal epidural steroid block is not medically necessary or appropriate.