

Case Number:	CM14-0031480		
Date Assigned:	04/09/2014	Date of Injury:	01/19/2013
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported injury on 01/19/2013. The mechanism of injury was a slip and fall. The documentation of 01/14/2014 revealed an objective physical examination of tenderness in the tailbone. It was indicated the injured worker was unable to sit or stand for a very long period. There was a worsening left hip pain. The injured worker had left ankle discomfort. The diagnosis included coccydynia chronic unstable, lumbar spine strain/sprain chronic unstable and hip fracture chronic unstable. The treatment plan included a caudal injection, x-rays of the thoracic and lumbar spine to rule out occult fracture and instability and MRI of the lumbar spine without contrast to rule out HNP, an orthopedist for the left hip due to increased pain and increased trouble walking and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection when an injured worker has objective findings of radiculopathy upon examination and when the pain is initially unresponsive to conservative treatment. The physical examination findings must be corroborated by imaging studies and/or electrodiagnostic testing. The clinical documentation submitted for review failed to indicate the injured worker had objective physical examination findings of nerve impingement. There was no MRI of the lumbar spine as it was being requested in the treatment plan of 01/14/2014. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment. The documentation failed to indicate the type of caudal injection that was being requested. Given the above, the request for a caudal injection is not medically necessary.