

Case Number:	CM14-0040242		
Date Assigned:	06/27/2014	Date of Injury:	10/10/2001
Decision Date:	08/26/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 60-year-old male who reported an injury on 10/10/2001. The mechanism of injury was noted to be lifting. His diagnosis was listed as chronic back pain. His past treatments included a lumbar fusion, medications, and caudal epidural steroid injections. Specifically, it was noted that a caudal epidural steroid injection performed on 02/26/2014 had resulted in mild relief for 2 days. On 02/26/2014, the injured worker presented with complaints of low back pain. His physical examination revealed tenderness to palpation of the lumbar paraspinal muscles, positive trigger points, reduced lumbar range of motion, abnormal sensory examination, weakness in thigh and calf, and reduced knee jerk reflexes. His medications were noted to include Ambien, Amrix, Celebrex, Lidoderm patches, Norco, and OxyContin. The treatment plan included medial branch blocks for facet joint pain and an epidural steroid injection. The rationale for the requested caudal epidural steroid injection under ultrasound guidance was not provided. The request for authorization form was submitted on 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under ultrasound guidance: Upheld

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

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for at least 6 to 8 weeks. In addition, injections should be performed using fluoroscopy. The clinical information submitted for review indicated that the injured worker had a recent caudal epidural steroid injection on 02/26/2014 which provide only mild relief for 2 days. The documentation did not indicate that he had functional improvement or reduction in medication use following this injection. In the absence of documentation showing at least 50% pain relief, increased function, and medication reduction for at least 6 to 8 weeks, a repeat epidural steroid injection is not supported. In addition, the Guidelines recommend fluoroscopic guidance; therefore, the request for ultrasound guidance is not supported. Moreover, the request failed to indicate the level and side being requested for injection. Based on the above, the request is not medically necessary.