

Case Number:	CM14-0052314		
Date Assigned:	07/07/2014	Date of Injury:	11/30/2011
Decision Date:	08/27/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Nevada. 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 42-year-old male who was reportedly injured on 11/30/2011. The mechanism of injury was not listed. The most recent progress note dated 7/14/2014, indicated that there were ongoing complaints of low back pain that radiated down the right lower extremity, and neck pain that radiated into the left upper extremity. The physical examination demonstrated cervical spine limited range of motion with pain. Upper extremity reflexes were trace symmetric. Muscle strength normal sensation intact. Positive tightness and tenderness in the upper trapezius and cervical paraspinals muscles. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injection, medications, and conservative treatment. A request was made for caudal epidural steroid injection and was not certified in the pre-authorization process on 4/14/2014.

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 (ESI): 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 Injection (ESI) Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of radiculopathy on physical exam. As such, the request of one caudal epidural steroid injection (ESI) is not medically necessary and appropriate.