

Case Number:	CM14-0063604		
Date Assigned:	07/16/2014	Date of Injury:	05/21/2008
Decision Date:	08/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 54-year-old male who reported an injury on 05/21/2008. The mechanism of injury was not provided. The diagnoses included lumbar postlaminectomy syndrome, lumbar degenerative disc disease, and lumbar radiculopathy. Prior therapies included an L5-S1 fusion in 2011 and a caudal epidural steroid injection on 11/18/2013. Per the 12/17/2013 clinical note, the injured worker reported a 100% reduction in medications and increased activities of daily living. He reported continuing to work out at the gym. Physical exam findings included better range of motion of the back. It was noted the injured worker produced a full bottle of Norco and requested he not receive prescriptions. Per the 02/26/2014 clinical note, the injured worker reported pain in the bilateral legs, buttocks, and low back. Physical examination findings included decreased range of motion of the back. A positive straight leg raise was noted on the right. A second caudal epidural steroid injection was recommended. It was noted the previous injection on 11/18/2013 reduced the injured worker's pain greater than 60% for greater than 8 weeks with a decrease in medication of greater than 50%. The Request for Authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal Epidural Steroid Injection Under Fluoroscopy With Monitored Sedation Between 4/3/2014 And 5/18/2014: Upheld

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

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

Decision rationale: The request for 1 caudal epidural steroid injection under fluoroscopy with monitored sedation between 04/03/2014 and 05/18/2014 is non-certified. The California MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no significant longterm functional benefit. 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. The medical records provided indicate the injured worker received a 60% reduction in his pain following a caudal epidural steroid injection on 11/18/2013. He reported greater than 50% reduction in his medication use. However, the submitted request is for an injection with sedation. There is no indication of extreme anxiety or any other issues that would warrant the use of sedation. The rationale for sedation was not provided. There is also no indication the injured worker would be participating in an active treatment program in conjunction with the injection. Based on this information, the request is not supported. As such, the request is non-certified.