

Case Number:	CM14-0065622		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2013
Decision Date:	08/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 Illinois. 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 43-year-old female who reported an injury on 04/22/2013 due to a slip and fall accident on concrete stairs. On 06/23/2014, the injured worker was presented with lower back and buttock pain. Prior treatment has included physical therapy, medication, and 2 caudal epidural steroid injections. During the examination, the injured worker had pain upon palpation of the sacrococcygeal junction, significant tenderness over the right hip and decreased sensation to light touch to her anterior thigh. . The straight leg raises test and sacroiliac (SI) joint tests were negative. The provider recommended a repeat caudal epidural steroid injection because physical therapy failed to help the injured worker. The provider indicated that the injured worker would benefit from injection on both a diagnostic and therapeutic intervention. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The request for a caudal epidural steroid injection is not medical necessary. The California MTUS Guidelines recommend epidural steroid injections with use of fluoroscopy for guidance. An epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Documentation should show that the injured worker was initially unresponsive to conservative treatment. The provided documentation states that the injured worker has had 2 prior caudal epidural steroid injections. Guidelines recommends a second epidural injection if partial success is produced with the first injection; however, a third epidural steroid injection is rarely recommended. Although the injured worker has had at least 50% pain relief associated with the other 2 previous epidural steroid injections, a third injection would not be indicated. As the guidelines do not recommend more than 2 epidural steroid injections, the request is not medically necessary.