

Case Number:	CM14-0067759		
Date Assigned:	07/11/2014	Date of Injury:	03/10/2013
Decision Date:	09/10/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Geriatrics and is licensed to practice in New York. 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 58-year-old man with a date of injury of 3/18/13. He was seen by his physician on 5/7/14 with complaints of increased bilateral neck and upper extremity pain and knee pain. His medications included robaxin, trazadone and percocet. His physical exam was significant for restriction in cervical range of motion with pain and tenderness/spasm of the paravertebral muscles. His lumbar spine movements were also painful with bilateral positive straight leg raises. His lower extremity reflexes were symmetric and equal. His diagnoses included cervical radiculopathy and lumbar DDD, stenosis and radiculitis. He is status post fusion C3-7 surgery. At issue in this review is the request for an epidural injection for ongoing pain and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection at L5 Level: 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 9792.20 - 9792.26, page(s) 35 Page(s): 35.

Decision rationale: Epidural spine injections are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods or medications. The medical necessity of a Caudal Epidural Steroid Injection at L5 Level is not substantiated in the records. As such, the request is not medically necessary.