

Case Number:	CM14-0070489		
Date Assigned:	07/14/2014	Date of Injury:	01/19/2013
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 57-year-old female who sustained injuries to her low back and pelvis on January 19, 2013 while performing her usual and customary duties as a server for [REDACTED]. Following the accident, she was diagnosed with a mildly displaced acute inferomedial femoral head fracture with associated moderate lipohemarthrosis and a non-displaced left superior and inferior pubic rami and left sacral fractures as per magnetic resonance imaging of the pelvis without contrast dated January 30, 2013. Progress report dated January 23, 2014 notes the injured worker's complaints of low back pain rated as 5/10 and tenderness over the tail bone region. Radiographs were taken and showed no signs of instability but a possible mild compression of the superior endplate of T11 was seen. Progress report dated April 30, 2014 indicates the injured worker complaints of persisting low back pain. Tenderness was noted over the lumbar spine region. She had normal ranges of motion and normal neurological exam. Review of lumbar spine magnetic resonance imaging dated March 7, 2014 showed small disc protrusions at the L3-L4 and L4-L5 with increased T2 signal intensity in the posterior disc space at both levels indicating an annular tear. Some effacement of the thecal sac anteriorly and bilateral neural foraminal narrowing at L3-L4 and L4-L5 that is mild to moderate were also noted. A Tarlov cyst down in the lower sacrococcygeal region was seen. Recent progress report dated June 20, 2014 notes the injured worker's complaints of low back pain with a new complaint of left heel "burning" pain. She rated her overall pain as 7/10. She has had 8 sessions of land-based physical therapy with improved strength to her upper back but still reported low back and tailbone pain. She has been doing her home exercises as prescribed by her physical therapist. Examination findings indicate throbbing pain the tailbone when sitting for more than 15 minutes, "numbness in the buttock extending to the thighs", and decreased ranges of motion

in all planes of the lumbar spine. Eight sessions of aqua therapy was also recommended in addition to caudal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The American College of Occupational and Environmental Guidelines and Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections if the injured worker is initially unresponsive to conservative treatment. Based from the medical records available for review, the injured worker has undergone 8 physical therapy sessions with improvement of low back strength but indicated continued low back pain. There was no clear indication in the medical records provided regarding failure of current medication regimen to address her low back pain. Further, guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records provided for review showed no clear and specific evidence of reflex, sensory or motor deficits and radicular symptoms in any dermatomal pattern. The guidelines also recommend that no more than two nerve root level should be injected. However, the requested procedure does not specify at what level(s) the injections would be administered nor the number of injections intended. Therefore, it can be concluded that the medical necessity of the requested Caudal Injection is not medically necessary at this time.