

Case Number:	CM14-0074995		
Date Assigned:	07/16/2014	Date of Injury:	02/08/2005
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 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 male who reported an injury on 02/08/2005. The mechanism of injury was not provided. The prior therapies were not provided. The documentation of 04/22/2014 revealed the injured worker had complaints of bilateral knee pain, left hip pain, bilateral ankle pain, bilateral low back pain, radicular leg pain, hypersensitivity pain in the feet and legs bilaterally that responded to a sympathetic block. The documentation indicated the injured worker was in an ankle brace, utilizing a motorized scooter, and had previously utilized crutches. The injured worker's medications included Cymbalta 30 mg, Brintellix 5 mg, tramadol 50 mg, Klonopin 0.5 mg, Trazodone 50 mg, Ryzolt 100 mg, and Lidoderm 5% patches. The documentation indicated the injured worker had undergone an MRI of the lumbar spine. The diagnoses included reflex sympathetic dystrophy and thoracic radicular nerve injury, as well as disc disease, lumbar. The treatment plan included a caudal epidural steroid injection immediately. There was a Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI (Epidural Steroid Injection) with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Sedation.

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic studies and/or MRI findings. There should be documentation the injured worker has failed conservative care including exercise, physical therapy, NSAIDS, and muscle relaxants. The clinical documentation submitted for review failed to meet the above criteria. There was no official MRI reading submitted for review, and there was a lack of documentation indicating the injured worker had failed conservative care. Additionally, the request as submitted failed to include the level and laterality. Given the above, the request for caudal ESI with anesthesia is not medically necessary.