

Case Number:	CM15-0009421		
Date Assigned:	01/27/2015	Date of Injury:	02/06/1991
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old female with an industrial injury dated 02/06/1991. The mechanism of injury is documented as occurring when she was holding a stack of paper, twisted and started to have pain in lower back and lower extremities. At presentation on 12/08/2014 she was complaining of lower back pain radiating to left lower extremity. Physical exam of lumbar spine noted positive straight leg raising in left side at 30 degrees. Extension of the lumbar spine was limited and flexion was uncomfortable. There was severe tenderness on the left sacroiliac joint with moderate tenderness on the left lumbar facet joint. Prior treatments include medications, two lumbar fusions, discectomies, multiple steroid injections, physical therapy and TENS. Prior diagnostic studies include MRI and CT scan. Diagnoses include chronic pain, lumbar radiculopathy, left 4 and 5; failed lumbar back surgery syndrome and sacroiliac joint dysfunction, left. On 12/18/2014 utilization non-certified the request for one caudal epidural steroid injection with RACZ catheter and anesthesia with x-ray under fluoroscopic guidance, MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) caudal epidural steroid injection with RACZ catheter, anesthesia with x-ray under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of radiculopathy. The patient is not candidate for surgery. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no documentation of significant efficacy of previous epidural injections. Therefore, One (1) caudal epidural steroid injection with RACZ catheter, anesthesia with x-ray under fluoroscopic guidance is not medically necessary.