

Case Number:	CM15-0108893		
Date Assigned:	06/15/2015	Date of Injury:	04/20/2001
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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, Alabama, 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 64 year old female, who sustained an industrial injury on April 20, 2001. The mechanism of injury was not provided. The injured worker has been treated for neck, shoulder and back complaints. The diagnoses have included chronic right shoulder pain, right dorsal myofascial syndrome, chronic lumbar strain, bilateral carpal tunnel syndrome, cervical degenerative disc disease, cervical degenerative joint disease, lumbar degenerative disc disease, lumbar degenerative joint disease, chronic cervical spondylosis, right lumbar radiculitis and non-industrial osteoarthritis of the bilateral knees. Treatment to date has included medications, radiological studies, MRI of the lumbar spine, injections, electrodiagnostic studies, physical therapy, a home exercise program and bilateral carpal tunnel release surgery. Current documentation dated May 11, 2015 notes that the injured worker reported worsening low back and neck pain with more frequent numbness of all extremities. Examination of the cervical spine revealed tenderness, spasms and trigger points over the trapezius muscles. Range of motion was noted to be decreased. Sensory examination was abnormal bilaterally. Motor examination revealed weakness of the bilateral upper extremities. Examination of the lumbar spine revealed tenderness, spasms, trigger points and a decreased range of motion. Motor and sensory examinations were normal. The injured workers gait was noted to be normal. The treating physician's plan of care included a request for a caudal epidural injection to the lumbar five region under ultrasound guidance # 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection L5 region under US guidance Qty 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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. The patient's file does not document that the patient is candidate for surgery. In addition, a repeat epidural steroid injection is not warranted without meeting guidelines of 50% relief for 6-8 weeks. Therefore, the request for Caudal Epidural Injection L5 region under US guidance Qty 3.00 is not medically necessary.