

Case Number:	CM15-0023539		
Date Assigned:	02/13/2015	Date of Injury:	06/18/1999
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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 45 year old female, who sustained a work related injury on 6/18/99. The diagnoses have included failed back syndrome, chronic lumbar radiculopathy, and low back pain. Treatments to date have included oral medications, trigger point injection, caudal epidural steroid injections on 9/16/14 and 10/24/14, NCS/EMG of lower extremities, physical therapy, use of an LSO brace, deep tissue massage, use of a spinal cord stimulator and pain pump medication. In the PR-2 dated 1/14/15, the injured worker complains of pain in coccyx that radiates down right leg. She has numbness in coccyx, rectum and vagina. She rates her pain an 8/10. She has decreased range of motion in legs and lower back. On 1/20/15, Utilization Review non-certified a request for a caudal epidural steroid injection. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

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): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. The patient has had caudal epidural steroid injections on September 16, 2014 and October 24, 2014 without any functional improvement. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Caudal epidural steroid injection is not medically necessary.