

Case Number:	CM15-0085864		
Date Assigned:	05/08/2015	Date of Injury:	07/30/1999
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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, New York
 Certification(s)/Specialty: Family Practice

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 65-year-old male who sustained an industrial injury on July 30, 1999. He has reported lower back pain with bilateral lower extremity symptoms and has been diagnosed with migraine headache, lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, cervical radiculopathy, right, and history of injury to the right hand and finger. Treatment has included medications, a home exercise program, moist heat, and physical therapy. Examination showed diffuse tenderness to the cervical area with limited range of motion. Lumbar spine showed a straight leg raise positive on both sides. There was sciatic notch tenderness present bilaterally. The treatment request included 1 caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection with racz under x-ray fluoroscopic guidance and anesthesia: 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- Pain (Chronic).

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

Decision rationale: The request for an epidural steroid injection is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In the chart, there is documentation of exam findings that show a lower extremity radiculopathy, but lacks corroboration with imaging and electro diagnostic testing Anesthesia is also not required for epidural steroid injections. Therefore, the request is considered not medically necessary.