

Case Number:	CM13-0030650		
Date Assigned:	11/27/2013	Date of Injury:	05/29/1999
Decision Date:	01/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 patient is a 47-year-old male who reported an injury on 05/29/1999. The mechanism of injury was not provided for review. The patient's chronic pain was managed with physical therapy, injection therapy, medications, and a structured exercise program. The patient's most recent epidural steroid injection was on 08/19/2013. The most recent physical examination findings were provided prior to the injection. These findings included moderate midline tenderness from the L1 to the S1 with reduction in range of motion, reduced deep tendon reflexes of the bilateral lower extremities rated at a 3/5, and a positive straight leg raising test bilaterally. The patient's diagnoses included postlaminectomy syndrome of the lumbar spine, degenerative disc disease of the lumbar spine, lumbar radiculitis, and chronic opioid usage. The patient's most recent treatment plan included an additional caudal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Caudal Epidural, Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested caudal epidural steroid injection is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has consistently responded well to previous injection. California Medical Treatment Utilization Schedule recommends that additional injections be supported by documented pain relief for an extended duration, documented functional benefit, and a reduction in pain medications. The most recent clinical examination reports to not provide any physical findings to support an increase in functional capabilities. Additionally, there is no documentation of a decrease in medication. As such, the requested caudal epidural steroid injection with fluoroscopic guidance is not medically necessary or appropriate.