

Case Number:	CM13-0030963		
Date Assigned:	12/04/2013	Date of Injury:	06/01/2003
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in and is licensed to practice in Ohio, 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 53-year-old male who reported an injury on 06/19/2003. The mechanism of injury was not submitted. The patient was diagnosed with left L5 radiculopathy, lumbar spondylosis, cervical spondylosis with intermittent radicular symptoms, bilateral upper extremities and failed back surgery syndrome. The patient continues to complain of pain to the back. The patient has been treated with medication. The patient had decreased forward flexion and extension and tenderness to palpation of lumbar paraspinous region.

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 under fluoroscopy with catheter in office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections.

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

Decision rationale: California Chronic Pain Medical Treatment guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that initially unresponsive to

conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). The clinical documentation submitted for review does not provide physical examination findings of radiculopathy or other objective data that would indicate other treatments that the patient may have undergone, such as physical therapy. The imaging studies were noted in the clinical note dated 01/23/2013 with no official report included to support the presence of nerve root involvement. As such, the request is non-certified.