

Case Number:	CM14-0144676		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2008
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

There were 262 pages provided for this review. There was an application for independent medical review without a signature or date noted on the request. It was for an injection steroid caudal epidural catheter and fluoroscopy. There was a physician advisor recommendation from August 29, 2014. Per the records provided, the claimant was described as a 33-year-old female injured back in the year 2008. She was doing physical training at the [REDACTED]. The accepted body part was the lumbar spine. Per the records provided, the diagnoses were lumbago, lumbosacral degeneration and lumbosacral neuritis. She had spinal surgery in 2009 with a right L5 hemilaminectomy and microdiscectomy. Non-operative treatment has included medicines, physical therapy and lumbar epidural steroid injection. She was declared permanent and stationary. As of July 22, 2014, there still was continued low back pain rated as five out of 10 radiating down the right leg. She was not working. The lumbar exam documented tenderness, spasm and a slightly reduced range of motion. The patient has had back pain now for six years after the injury despite spinal surgery with a right L5 hemilaminectomy and microdiscectomy. There were no physical exam findings documented or lumbar neurologic deficits. A previous epidural steroid injection did not result in functional improvement. She is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Caudal Epidural Steroid Injection with catheter and fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. No long term, objective functional improvement is noted out of past epidurals. Therefore, this request is not medically necessary.