

Case Number:	CM14-0148164		
Date Assigned:	09/18/2014	Date of Injury:	08/01/2010
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation 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 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury to the back and knees on 8-1-10. On this date, a three palm tree fell on him. Office visit on 8-18-14 notes the claimant has backache, bilateral leg pain and right knee pain and that claimant had epidural steroid injection but no epidural steroid injection. The claimant is being managed with medications. On exam, the claimant had decrease range of motion of the cervical spine, guarded gait. Exam of the right knee shows decreased range of motion with joint line pain. Range of motion of the lumbar spine shows decreased range of motion with radiating pain down the lower back. DTR (deep tendon reflexes) are of the ankle and knee on the right side and left was 1+/4. The claimant had myofascial trigger points.

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 anesthesia and fluoroscopy: Upheld

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

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

Decision rationale: This is a nonspecific request with the type and level of injections to be performed not provided. Chronic Pain Medical Treatment Guidelines reflect that in order to perform epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is an absence in documentation noting that this claimant has radicular findings on exam, as well as type and levels of injections not provided. Therefore, the medical necessity of this request is not established.