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| Case Number: | CM14-0160500 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 08/22/2008 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

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 & Rehabilitation 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:

The injured worker is a 42 year old female, with a reported date of injury on 08/22/2008. The mechanism of injury was not provided. The injured worker's diagnoses included L5-S1 degenerative disc disease, status post anterior L5-S1 discectomy, fusion, insertion of cage, instrumentation and diffuse musculoskeletal pain syndrome. Past treatments included right elbow injections, lumbar spine injections, chiropractic care, pain management, right lateral epicondyles injection, and 12 sessions of physical therapy. The office visit dated 09/11/2014, indicated the patient complained of low back pain radiating down right leg into foot with tingling and paresthesias, rated at 8/10. Upon physical examination the injured worker was noted have bilateral tenderness and bilateral positive facet loading test. The lumbar spine range of motion was noted to be restricted and painful. The treatment plan and rationale for the request was not provided within the documentation available for review. The Request for Authorization for caudal epidural steroid injection form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS Guidelines state that the purpose of an epidural steroid injection is to reduce pain and inflammation and restore range of motion thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The documentation submitted for review does not include any diagnostic studies to corroborate evidence of radiculopathy post-surgery. The clinical information provided for review lacks documentation of objective clinical findings of functional or neurological deficits. In addition, the request as submitted failed to provide for the use of fluoroscopy being utilized during the procedure. As such, the request for Caudal Epidural Injection is not medically necessary.