

Case Number:	CM14-0090540		
Date Assigned:	07/23/2014	Date of Injury:	01/31/1997
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Oklahoma and 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:

The injured worker is a 69-year-old male who reported an injury on 01/31/1997 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included cervical fusion at the C6-7 and C3-4, lumbar fusion from the L3 to the S1 with subsequent hardware removal, sacroiliac joint injections, medications, and caudal epidural steroid injections. The injured worker was evaluated on 05/19/2014. It was documented that the injured worker had ongoing pain complaints and previously benefited from caudal epidural steroid injections and sacroiliac joint injections. The injured worker's medications included Lactulose, Ultram, tizanidine, and Neurontin. Physical findings included tenderness to palpation of the sacroiliac joint, thoracic/lumbar junction and paraspinal musculature with restricted range of motion secondary to pain. It was noted that the patient had decreased sensation in the L5-S1 dermatomal distribution. The injured worker's treatment plan included a medication refill and a request for a caudal epidural steroid injection. It was noted that the patient had undergone fusion surgery from the L2 to the S1 and had previously benefited from a caudal epidural steroid injection. No Request for Authorization form was submitted to support the request for a cervical caudal epidural steroid injection. Additionally, no justification for a cervical caudal epidural steroid injection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested caudal epidural steroid injection for the cervical spine is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker underwent a caudal epidural steroid injection for the lumbar spine that provided good results. However, the results of that injection were not objectively and quantitatively described. The clinical documentation does not provide any evidence of previous cervical epidural steroid injections. The California Medical Treatment Utilization Schedule recommends that epidural steroid injections be supported by physical findings of radiculopathy corroborated by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the injured worker has any cervical symptoms. An adequate assessment of the injured worker's cervical spine was not provided within the documentation. Furthermore, as this would be an initial injection, an imaging study would need to be provided to support the need for an epidural steroid injection. As such, the requested caudal epidural steroid injection for the cervical spine is not medically necessary or appropriate.