

Case Number:	CM14-0218514		
Date Assigned:	01/08/2015	Date of Injury:	03/26/1991
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 71 year old male worker with a date of injury of March 26, 1991. The mechanism of injury is unknown. Diagnoses included lumbar degenerative disc disease, back pain, radiculitis, cervicgia and lumbar radiculopathy. On December 4, 2014, the injured worker complained of back pain across the lumbar spine. Symptoms were described as throbbing, aching, dull and intermittent. The pain was described as a 6-7 on a 1-10 pain scale. They were noted to be exacerbated by prolonged sitting and bending over. Physical examination of the lumbar spine revealed severe tenderness to palpation at the left sciatic notch and right sciatic notch. The straight leg raise in the sitting position was positive on both the left and right. Treatment included radiofrequency ablations, injections and medications. A request was made for caudal injection for lumbar x2. On December 11, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal injection for lumbar x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Steroid injections are considered optional for radiicular pain or to avoid surgery. The claimant had already undergone prior radiofrequency ablations as well as injections. Although the injections may be considered an option, it is not considered medically necessary.