

<b>Case Number:</b>	CM13-0032207		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 77-year-old male with a date of injury of 09/10/1996. The listed diagnosis per [REDACTED] is chronic low back pain, HNP L5-S1. According to progress report 08/08/2013, the patient presents with continued low back pain. Examination revealed tenderness at the L4 and L5 levels and trigger points were identified at L5. Range of motion was decreased by 25%. The treating physician states that the patient has a constant low back pain that radiates to the right leg. Report 07/03/2013 states that the patient continues with low back pain with reduced sensory in the foot and positive straight leg raise. [REDACTED] report from 01/30/2013 discusses results of an MRI. Date of this MRI is unnoted and copy of the report was not provided for my review. [REDACTED] states that there was a slight spondylolisthesis of the L4 on L5 and moderate stenosis at L4-L5 and L5-S1. He also noted significant facet arthropathy at both levels and mild degenerative scoliosis. The request is for a caudal epidural steroid injection under ultrasound to the lumbar spine. The utilization review denied the request on 09/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection under Ultrasound to Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Radiculopathy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46 and 47.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting a caudal epidural injection under ultrasound to the lumbar spine. The MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment of radicular pain defined as pain in a "dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient reports continued low back pain that radiates into the right leg and the MRI has revealed moderate stenosis at L4-5 and L5-S1. Utilization review denied the request stating that medical literature does not support performing this procedure with ultrasound guidance. It's not unreasonable, however, to use ultrasound guidance in place of fluoroscopy for anatomic guidance and placement of the needle for caudal injection. The medical records do not indicate that the patient has had an ESI in the past. Given the patient's symptoms and MRI findings, the request is medically necessary.