Case Number:	CM13-0059423		
Date Assigned:	12/30/2013	**Date of Injury:**	04/23/1999
Decision Date:	05/07/2014	**UR Denial Date:**	11/21/2013
Priority:	Standard	**Application Received:**	12/02/2013

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 Occupational Medicine, 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 an employee of [redacted] Co. and has submitted a claim for post laminectomy syndrome, lumbar region associated with an industrial injury date of 04/23/1999. Treatment to date has included L5-S1 micro discectomy on 05/02/2006, caudal epidural steroid injections on 06/18/2009 and 11/19/2009, spinal cord stimulator implant on 04/08/2011, physical therapy, and medications including gabapentin, clonidine patch, OxyContin, and Zolpidem. Utilization review from 11/21/2013 denied the request for lumbar spine caudal epidural steroid injection because there was no evidence of radicular findings on both physical examination and radiologic workup substantiating its use. Medical records from 2012 to 2013 were reviewed with the most recent progress report, dated 12/24/2013, showing that patient has been complaining of chronic low back pain radiating to bilateral lower extremities described as sharp and tingling graded 9/10 and relieved to 4/10 upon intake of medications. Patient stated that previous lumbar epidural steroid injection controlled the pain for approximately six months. Aggravating factors for back pain included bending, twisting and maintenance of any position for more than 5 minutes. There was no report of incontinence and numbness in lower extremities. Physical examination showed no malalignment or bony abnormalities. Increased tone was noted at paraspinous quadratus lumborum, bilateral. Pain was present towards lumbar extension and rotation. Muscle strength was 4/5 at bilateral hip extensors and flexors. Patient manifested with antalgic gait favoring the right lower extremity. He was unable to heel walk and walk on toes. Reflexes were equal and symmetric. Straight leg raising test was negative. There was hyperalgesia at right lower extremity. EMG/NCV of lower extremities dated 12/07/2005 revealed normal nerve conduction studies, absent left H reflex, denervation in left L5-S1 innervated muscles and left S1 radiculopathy. MRI of lumbar spine, dated 12/07/2005, showed left paracentral disc protrusion L5-S1 with apparent displacement of the left S1 nerve root. Mild central disc disease at L3-4 and

L4-5. Unusual finding of clumping of nerve roots posterior to the L4 vertebral body, seen since 2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine caudal epidural steroid injection: Upheld

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

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

Decision rationale: As stated in page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection is an option for treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the patient already received two caudal epidural steroid injections on 06/18/2009 and 11/19/2009. In a progress report dated 12/24/2013, patient stated that previous lumbar epidural steroid injection controlled the pain for approximately six months. However, there was no further documentation regarding the functional improvement and reduction of pain reported in pain scale associated with the procedure. The employee has failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. He continues to exhibit diminished lower extremity strength, and is currently taking adjuvant analgesics and psychotropic medications. Lastly, caudal epidural injections are not recommended for chronic radiculopathies. Therefore, the request for lumbar spine caudal epidural steroid injection is not medically necessary.