

<b>Case Number:</b>	CM13-0065732		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/20/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 53-year-old female with diagnoses of nerve damage, depression, sacroiliitis, lumbar spondylosis, lumbar post-laminectomy syndrome, bursa of the hip, lower back pain, and facet syndrome, lumbar. The patient was seen on 12/03/2013 with low back pain. The patient noted that the pain is located in the left lumbar area, left buttock, left thigh, and right lumbar area. Symptoms include lower extremity pain, lower extremity numbness, lower back pain, and leg weakness. Exam sensory: light touch was hyperpathia noted to left and right lower extremities mildly. Mildly antalgic gait noted, tenderness noted to palpation of the thoracic and low lumbar midline. The patient had some decreased range of motion to the lumbar noted on extension, and facet-loading positive left worse than right. FABER test positive to right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAUDAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY/IV SEDATION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([www.odg-twc.com](http://www.odg-twc.com)) Section Low Back -Lumbar & Thoracic (Acute & Chronic) updated 12/04/13

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

**Decision rationale:** The claimant is a 53-year-old female with the diagnoses of nerve damage, depression, sacroiliitis, lumbar spondylosis, lumbar post-laminectomy syndrome, bursa of hip, lower back pain, and facet syndrome, lumbar. The patient presented with back pain and leg pain from a work-related accident in 10/2007 while working for [REDACTED]. The patient does have facet-loading pain above the level of fusion. The patient is currently not using her spinal cord stimulator. California Guidelines do recommend for epidural steroid injections as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. Criteria for epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially the patient was unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants). The documentation provided does not note an official hard copy document of the patient's MRI to support/corroborate radiculopathy. There also is no notation that conservative care has been exhausted. Therefore, the request for caudal epidural steroid injection with fluoroscopy/IV sedation is not supported.