

<b>Case Number:</b>	CM14-0003612		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in 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 56 year old male with a reported date of injury on 11/06/2012. The worker was injured while moving a 50 pound barrel. The progress report dated 10/15/2013 noted the range of motion to the lumbosacral spine demonstrated flexion to 45 degrees, extension to 10 degrees, and lateral bending right/left to 15/10. The progress note stated the sensory examination was normal as well as deep tendon reflexes. The progress note reported the injured worker was unable to perform a straight leg raise at that time. The progress note dated 01/09/2014 reported the injured worker complained of low back pain radiating down the left to the foot and received about 50% pain relief with the medication but still had radicular pain rated 5-6/10 without pain medications. An MRI performed on 10/26/2013 revealed L2-3 had a 3-4mm posterior disc bulge resulting in moderate right neural foraminal narrowing in conjunction with mild facet joint hypertrophy and mild canal stenosis was seen as well as right exiting nerve root compression. The L3-4 was noted to have a 2-3mm posterior disc bulge resulting in mild to moderate bilateral neural foraminal narrowing in conjunction with mild facet joint hypertrophy and mild canal stenosis as well as bilateral exiting nerve root compromise was seen. The L4-5 noted a 3-4mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with mild facet joint hypertrophy as well as moderate to severe canal stenosis and bilateral extending nerve root compromise. The request for authorization form for a lumbar epidural steroid injections (caudal approach) and epidurogram x1 due to lumbar radiculopathy, herniated lumbar disc, pain related insomnia, myofascial syndrome, and neuropathic pain was dated 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR (CAUDAL) EPIDURAL STEROID INJECTION WITH EPIDUROGRAM:**

Upheld

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

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

**Decision rationale:** The request for a lumbar (caudal) epidural steroid injection with epidurogram is non-certified. The injured worker has documented lumbar radiculopathy by physical examination as well as MRI. The California Chronic Pain Medical Treatment guidelines recommend epidural steroid injections as a option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative finding of radiculopathy. The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, the this treatment alone offer no significant long-term functional benefit. The criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state the injured worker must initially be unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants.). The guidelines state the injections should be performed using fluoroscopy for guidance. The injured worker has not shown evidence of failed conservative care; there is a lack of documentation regarding physical therapy attempted or exercises. The request also did not specify at what levels the injection would be performed. There was a lack of documentation of significant findings of radiculopathy upon physical exam. Therefore, the request is not medically necessary or appropriate.