

<b>Case Number:</b>	CM14-0108170		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 and Pain 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 injured worker is a 40-year-old female who reported an injury on who reported injury on 06/21/2011. The mechanism of injury was not provided. The diagnostic studies included an MRI of the left elbow and nerve conduction studies of the bilateral upper extremities. The medications were not provided. The diagnoses included left elbow cubital tunnel and left carpal tunnel. The injured worker underwent a laminectomy on 04/24/2013. The injured worker underwent x-rays postsurgical intervention. Documentation of 05/06/2014 revealed the injured worker was in the office requesting medications. The treatment plan included consult pain management, provide a 1 year gym and pool membership, and consult for a spinal cord stimulator. There was no Request for Authorization submitted for review for the caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Injection Under Fluroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging studies and/or electrodiagnostic, and there should be documentation that the injured worker's pain was nonresponsive to physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of an official MRI to support a necessity for a caudal epidural injection. The requested levels were not provided, nor was the laterality. There was no Request for Authorization or physician documentation requesting the procedure. Given the above, the request for Caudal Epidural Injection under Fluoroscopy is not medically necessary.

**Trial of Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulat.

**Decision rationale:** The California MTUS Guidelines recommend psychological evaluations prior to spinal cord stimulators. Spinal cord stimulators are noted to be appropriate for injured workers who have documentation of failed back syndrome and when there is documentation that less invasive procedures have failed or are contraindicated. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had a psychological evaluation. Given the above, the request for Trial of Spinal Cord Stimulator is not medically necessary.