

<b>Case Number:</b>	CM14-0010057		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/07/2000
<b>Decision Date:</b>	07/04/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 & Rehabilitation 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 68-year-old female who reported an injury on July 7, 2000. The mechanism of injury was not provided within the medical records. The clinical note dated December 12, 2013 indicated a diagnosis of chronic low back pain status post laminectomy. The injured worker reported increased upper thigh, hip, and left side lower back pain with cold weather. She also reported pain in her left upper leg. The injured worker rated her pain a 7/10 to 8/10. The injured worker reported taking more medications than normal. On physical exam, the injured worker had sensation in all dermatomes, her tension signs were negative, her muscle strength was 5/5, and there were no pathological reflexes. The medication regimen included Norco, Lidoderm patch, and naproxen. A request for authorization dated January 7, 2014 was submitted for caudal epidural steroid injection to be done at [REDACTED]; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAUDAL EPIDURAL STEROID INJECTION:** 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 Injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The injured worker had negative tension signs, muscle strength was 5/5 for all groups of the lower extremity and her sensation was intact in all dermatomes. There was lack of objective evidence of radiculopathy upon physical examination. In addition, the requesting physician did not provide diagnostic imaging of the lumbar spine. Furthermore, there was lack of documentation indicating the injured worker's prior courses of care. Therefore, the request is not medically necessary.