

<b>Case Number:</b>	CM14-0017821		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Interventional Spine, 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:

This is a 50-year-old patient with an injury date on 5/6/08. Based on the 11/5/13 progress report provided by the provider, the diagnoses are: lumbar back pain, lumbar degenerative disc disease, lumbar disc herniation, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, lumbar post-laminectomy syndrome. Exam on 11/13/13 showed "lumbar spasms, decreased range of motion with pain in flexion, extension, and rotation on left side. Positive left straight leg raise with antalgic gait, stiff, limp on left side. Deep tendon reflexes in lower extremities 2/4." The patient had previous lumbar laminectomy in 2008 at L4-5 and L5-S1 per 1/15/14 report. Reviews of the reports do not show any evidence of MRI (magnetic resonance imaging) being done in the past. The provider is requesting interlaminar epidural steroid injection caudal under fluoroscopy. The utilization review determination being challenged is dated 1/30/14. The provider is the requesting provider, and he provided treatment reports from 8/15/13 to 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERLAMINAR ESI (EPIDURAL STEROID INJECTION) CAUDAL UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS), Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
EPIDURAL STEROID INJECTIONS (ESIS), Page(s): 46.

**Decision rationale:** According to the 11/5/14 report by the provider, this patient presents with "chronic lower back pain, greater on left, with numbness, tingling, and weakness, radiating into left lower extremities and into the foot gradually worsening since patient underwent left lumbar laminectomy at L5-S1 in 2008. The patient states symptoms significant worsened in last year, causing her to be unable to tolerate even reduced work week due to pain." The request is for caudal epidural steroid injection under fluoroscopy. On 9/16/13, the patient exhibited continuing lower back pain with left lumbar radiculopathy, with no improvement in symptoms. The provider in 1/15/14 report states "the patient received no relief from 9/15/13 transforaminal epidural steroid injection (ESI) due to scar tissue from 2008 laminectomy at L4-5 and L5-S1. She will get more relief placing steroid within the epidural space by caudal approach through sacral hiatus." Regarding epidural steroid injections, the MTUS recommend no more than two (2) ESI injections for diagnostic purposes. A second block is not recommended if there is inadequate response to the first block." The treating provider argues that perhaps caudal approach would bypass the potential scar-tissue problem at the nerve root level from prior surgery. However, there is no evidence for this reasoning. In fact, transforaminal approach used precisely to direct the medication closer to the problematic site. Given the patient's recent failure from an ESI, a second injection is not supported by MTUS. The recommendation is for denial.