

<b>Case Number:</b>	CM14-0117411		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2014

### 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, 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 injured worker is a 65-year-old male who reported an injury on 10/25/2000. The mechanism of injury was not provided. On 06/17/2014 the injured worker presented with back pain. Upon examination of the lumbar spine there was pain to palpation over the bilateral L3 to S1 region, and over the lumbar intervertebral spaces. There was a palpable twitch response noted in the lumbar paraspinal muscles. Range of motion was limited, with tenderness to palpation over the lumbar paraspinals and a positive right side straight leg raise. Prior therapy included medications. The provider recommended a caudal epidural injection from L4-5 under fluoroscopy and anesthesia with a quantity of 1. The provider's rationale is to reduce pain in the low back and hips. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural injection L4-5 under fluoroscopy and anesthesia qty 1:** Upheld

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

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

**Decision rationale:** The request for caudal epidural steroid injection L4-5 under fluoroscopy and anesthesia with a quantity of 1 is not medically necessary. According to California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker complains of low back pain, and pain to palpation over the bilateral L3 to S1 region, and a positive right sided straight leg raise. More information is needed to include motor strength and sensory deficits. Additionally, there should be clinical findings upon physical exam and diagnostic findings to clearly corroborate radiculopathy. In addition, the documentation failed to show if the injured worker would be participating in an active treatment program following the requested injection. The provider stated that the injured worker had prior relief from an epidural steroid injection. However, there was lack of documentation of objective functional or pain improvement with the prior use of an ESI (epidural steroid injection). Based on the above, the request is not medically necessary.