MAXIMUS Federal Services

| Case Number: | CM14-0120741 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 12/22/1984 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

## 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 72-year-old female who reported an injury on 12/22/1984 due to the injured worker caught her shoulder on an elevator door while at work. The injured worker's diagnosis was lumbago, spondylolisthesis, and opioid dependence. The injured worker's prior treatments included a single shot somatic blockade of the L4 through L5 and L5 through S1 lumbar epidural segment, bilateral facet block L5-S1 on 09/03/2011, left L4-L5 medial branch nerve blockade on 01/13/12, single shot blockade of the L4-S1 on 08/09/2013, and medication management. The injured worker's prior diagnostics were an MRI of the lumbar spine on 01/09/2014 and an epidurography with interpretation. Impression was disc and facet pathology at L5-S1 including central disc protrusion, mild canal stenosis and moderate to severe foraminal narrowing. There was likely an impingement of the exiting bilateral L5 nerve root, worse on the right, with central disc extrusion of L4-5 level with narrowing on the right lateral recess and mild central canal and foraminal narrowing. Disc and facet pathology at L2 through L4 levels including superimposed disc protrusion. Mild canal stenosis was noted at L3 and L4. There was also foraminal narrowing, worse on the right, with probable contact of exiting right L3 nerve root. Past surgical history includes hysterectomy, appendectomy, arthroscopic knee surgery bilaterally and hemorrhoidectomy. The injured worker complained of constant back pain that radiated down the leg into the soles of her feet with characteristics of being sharp and burning. She complained of having less sensation on the right side compared to the left with decrease in activities of daily living and standing increased her pain. On physical examination dated 07/16/2014, there were facetal features to lower lumbar spine. Neurologically, reflexes were hyporeflexic bilaterally with decreased sensation through the right shin, calf, and foot. The injured worker's medications were Norco, Advil caps, celexa cyclobenzaprine, and Lyrica. The treatment plan was for the request of 1 lumbar ESI via caudal catheter right L4 and L5, and 1

lumbar ESI via caudal catheter right L5 and S1. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar ESI via Caudal Cather; Right L4/L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Epidural Steroid Injections; Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** The injured worker complained of constant back pain that radiates down the leg into the soles of her feet with characteristics of being sharp and burning. According to the California MTUS Guidelines, recommendation is that epidural injections for injured workers with radiculopathy should be documented on physical examination and corroborated on an MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. On the most recent examination, neurologic exam revealed bilaterally hyporeflexic and decreased sensation throughout right shin, calf, and foot which would support objective findings of radiculopathy. However, there is no documentation of conservative care directed to the lumbar spine. There is no mention of physical therapy directed towards the lumbar spine. The guidelines also state that a second epidural steroid injection is not recommended unless there is adequate response to the first injection. The injured worker received prior block to the L4-5 and L5-S1. There was no documentation as to the response to this first injection to include percentage of pain relief, functional improvement and ability to decrease pain medications as a result of the injection. Therefore, a repeat injection is not supported.

**1 Lumbar ESI via Caudal Catheter, Right L5/S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Epidural Steroid Injections; Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** The injured worker complained of constant back pain that radiates down the leg into the soles of her feet with characteristics of being sharp and burning. According to the California MTUS Guidelines recommend that epidural injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. On the most recent examination, neurologic exam revealed bilateral hyporeflexic and decreased

sensation throughout right shin, calf, and foot which would support objective radiculopathy. However, there is no documentation of conservative care directed to the lumbar spine. There is no mention of physical therapy directed towards the lumbar spine. The guidelines also state that a second epidural steroid injection is not recommended unless there is adequate response to the first injection. The injured worker received prior block to the L4-5 and L5-S1. There was no documentation as to the response to this first injection to include percentage of pain relief, functional improvement and ability to decrease pain medications as a result of the injection. Therefore, a repeat injection is not supported. The efficacy cannot be determined.