

<b>Case Number:</b>	CM14-0145613		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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:

This is a patient with a date of injury of 3/3/11. A utilization review determination dated 8/15/14 recommends non-certification of bilateral L5-S1 selective epidural catheterization. 8/8/14 medical report identifies that the left knee gave out and the patient fell. On exam, there is right knee bruising and swelling with decreased ROM, positive patellar grind, limp. Knee brace was recommended. 7/29/14 medical report identifies low back and LLE pain. On exam, there is positive SLR and decreased sensation bilateral L5-S1. Remaining findings are mostly illegible. Recommendations include ESI and L4-S1 medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 selective epidural catheterization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 26 & 46.

**Decision rationale:** Regarding the request for bilateral L5-S1 selective epidural catheterization, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with

corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, there is no clear evidence-based support for epidural catheterization rather than epidural injection in the management of radiculopathy. In light of the above issues, the currently requested bilateral L5-S1 selective epidural catheterization is not medically necessary.