

<b>Case Number:</b>	CM14-0032124		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic Surgeon 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 47-year-old male with a reported date of injury on 08/03/2009. The mechanism was noted to be a lifting injury. His diagnoses were noted to include lumbar disc disease and post laminectomy syndrome to the lumbar spine. His previous treatments were noted to include a spinal cord stimulator, surgery, medications, and psychology treatment. The progress note dated 02/25/2014 revealed the injured worker complained of an increased amount of pain to his low back shooting down his left leg. He ambulated with a cane and rated his pain at 9/10 with associated numbness and burning. The physical examination revealed strength rated 5/5 to the bilateral lower extremities, sensation was decreased in the left L5 dermatome, and absent ankle reflexes were noted in the left lower extremity. The progress note dated 02/19/2014 revealed the injured worker complained of 8/10 low back pain with left greater than right lower extremity symptoms. The physical examination revealed tenderness to the lumbar spine, lumbar range of motion limited with pain, and neurologically the injured worker was unchanged. Progress note dated 03/12/2014 revealed the injured worker complained of low back pain with left greater than right lower extremities symptoms rated 7/10. The injured worker also complained of compensatory left knee and upper back pain, as well as compensatory left shoulder pain component increasing rated 7/10. The physical examination revealed tenderness to the lumbar spine. The lumbar range of motion remained markedly limited and the injured worker shifted about uncomfortably on the examination table and chair. The provider reported the injured worker was neurologically unchanged. The Request for Authorization was not submitted within the medical records. The request is for an L5-S1 caudal epidural steroid injection due to increased amount of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 CAUDAL ESI:** 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 Injection Page(s): 46.

**Decision rationale:** The injured worker has positive radiculopathy symptoms. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline's criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections should be performed using fluoroscopy for guidance. If use for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an inadequate response to the first block. Diagnostic blocks should be at an interval of less than 1 to 2 weeks between injections. The guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks. The guidelines also state no more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on the continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 block per region per year. The clinical findings indicated his strength was rated 5/5 and sensation was decreased in the left L5 dermatome, and absent ankle reflexes were noted in the left lower extremity which is consistent with radiculopathy. There is lack of documentation regarding corroborative findings through an MRI or electrodiagnostic study to corroborate radiculopathy. Therefore, the request is not medically necessary.