

<b>Case Number:</b>	CM14-0032251		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 42-year-old male who reported injury on 10/14/2004 when he fell over some pallets that were misplaced. The injured worker's current medications include Dulcolax 5 mg tablets 3 tablets once a day, a multivitamin with minerals 1 tablet once a day, Prilosec 20 mg 1 tablet twice a day, magnesium citrate, Vistaril 25 mg capsule 1 tablet every 6 hours, Celexa 10 mg tablet 1 tablet once a day, Oxycodone 15 mg 1 tablet every 4 hours, OxyContin 20 mg 1 tablet every night, Xanax 0.25 mg 1 tablet twice a day, and Zanaflex 2 mg 1 capsule 2 times a day. The injured worker has diagnoses of failed back syndrome, other pain disorder related to psychological factors, generalized anxiety disorder, spondylosis to the thoracic spine, muscle spasms, and radiculopathy to the lumbar spine. The treatment plan was to continue medications, receive approval of the caudal injection for previous history of lumbar surgery with hardware. The provider would also like to request an MRI of his right shoulder to rule out a rotator cuff tear. A status post laminectomy MRI of the lumbar spine dated 03/07/2012 revealed that the injured worker's hardware was in place at the L5-S1 level. A metallic caged device was also noted at the disc space in between. The vertebral body alignment was satisfactory. The remaining discs were noted to maintain their signal intensity and height. The vertebral bodies were noted to maintain their signal intensity in height as well. The upper lumbar discs were unremarkable. At the L4-5 level, there was mild bulging of the discs. At L5-S1 level, a metallic caged device was noted. The hardware was noted to be intact on both sides at the L5-S1 level. The physical examination dated 02/06/2014 revealed a straight leg raise on the right to be positive and a straight leg raise on the left to be normal at 90 degrees. Palpation of the lumbar facets revealed no pain. There was no pain noted over the lumbar intervertebral spaces on palpation. Palpation of the bilateral sacroiliac joint area revealed no pain. There was a palpable

twitch and positive trigger point noted in the lumbar paraspinous muscle. Motor strength was grossly normal except right lower extremity, a foot drop was noted. Lower extremity sensation was absent throughout right S1 and foot and with give way phenomenon. The injured worker complained of low back pain. There was no measurable pain level documented in the submitted report. The injured worker was postoperative laminectomy of the lumbar spine. The date of surgery was not submitted in report. Past treatment of the injured worker includes psych evaluations, behavioral treatment, psychotherapy and cognitive therapy, caudal epidural steroid injections, physical therapy, and medication therapy. The rationale and request for authorization form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Caudal ESI w/ fluoroscopy and anesthesia QTY: 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Steroid Injections, Sedation.

**Decision rationale:** The request for Caudal ESI w/ fluoroscopy and anesthesia QTY: 1 is non-certified. The injured worker complained of low back pain. There was no measurable pain level documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Criteria for the use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The MRI dated 03/2012 did not reveal any signs of radiculopathy. There was also a lack of documentation showing whether the injured worker was initially unresponsive to conservative care. Furthermore, the submitted report indicated the injured worker had received prior caudal epidural steroid injections as prior treatment; however, there was no documented evidence as to the outcome to those injections. The request also include anesthesia and the use of anesthesia or sedation is not recommended by Official Disability Guidelines with an epidural steroid injection. As such, the request for caudal ESI with fluoroscopy and anesthesia is non-certified.