

<b>Case Number:</b>	CM14-0036889		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Pain Management, 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 72-year-old who reported an injury on May 20, 2009. The diagnosis is lumbar radiculopathy and degenerative disc disease. Mechanism of injury happened while the injured worker was retrieving a company watch sample line case from behind a passenger's seat. The documentation indicated the injured worker's prior treatment to date included activity modification and medications. The injured worker underwent an MRI of the lumbar which revealed the visualized portions of the sacrum and sacroiliac joints were within normal limits. At the level of L5-S1, there was a disc bulge presented minimally effacing the dural sac. The foramina were mildly narrowed. The S1 nerve roots were normal and there were changes of the facet arthropathy bilaterally. The documentation of January 8, 2014 revealed a physical examination that was handwritten and difficult to read. The request per the treatment plan included a caudal epidural steroid injection. The documentation indicated the injured worker had a previous epidural steroid injection at the level of L4-5 and L5-S1 on December 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA, Radiculopathy.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy that are corroborated by imaging findings or electrodiagnostic studies. There should be documentation the injured worker's pain was initially unresponsive to conservative therapy. The documentation indicated that the injured worker had a prior epidural, however, it was not at the requested level, as such, the examination and findings would need to meet the above criteria. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of legible documentation of radiculopathy upon physical examination. There was no documentation per the MRI the injured worker had radiculopathy in the requested area. There was a lack of documentation of conservative care for the requested caudal area. Given the above, the request for caudal epidural injection under fluoroscopy is not medically necessary or appropriate.