

<b>Case Number:</b>	CM14-0077153		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Management 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:

The injured worker is a 66-year-old male who reported an injury on 04/11/2006. He reportedly got injured while using a sledgehammer. On 06/26/2014, the injured worker presented with low back and left shoulder pain. Upon examination, there was tenderness to the lumbar spine; the lumbar range of motion values were 50 degrees of flexion, 40 degrees of extension, 40 degrees of bilateral tilt, and 40 degrees of left rotation. There was a partial foot-drop noted to the left and 5-/5 strength in the right quadriceps. There was a positive straight leg raise to the right. The diagnosis is status post remote lumbar decompression, protrusion 5 mm L3-4 with radiculopathy, and pain management issues. Prior therapy included medication. The provider recommended a lumbar caudal epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar caudal epidural with racz catheter, anesthesia, radiology, fluoroscopic guidance (caudal epidural steroid injection with percutaneous adhesiolysis): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines not cited Page(s): 19, 46. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, low back-adhesiolysis, percutaneous.

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

**Decision rationale:** Per the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had a positive straight leg raise to the right and -5/5 motor strength to the right quadriceps. More information is needed to address deficits in sensation and tenderness over the specific paravertebral areas. Further clarification would be needed to address radiculopathy corroborated with imaging studies and physical examination. In addition, the documentation failed to show that the injured worker would be participating in an active treatment plan following the requested injection. Despite documentation showing radiating symptoms on physical examination, there was no corroboration of imaging or electrodiagnostic test results. The guidelines indicate anesthesia for lumbar epidural steroid injection as an exclusionary criteria. There was a lack of documentation showing a plan for active therapy following the injection. Moreover, the request failed to specify the level or levels being requested or the site of the injection in the request as submitted. Based on the above, the request is not medically necessary.