

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0086542 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/23/2010 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Texas and Oklahoma. 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 63-year-old male with a reported date of injury on 03/23/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include low back pain and lumbar radiculopathy. His previous treatments were noted to include physical therapy, home exercise program, and medications. The progress note dated 05/05/2014 revealed complaints of low back and leg pain rated 7/10 to 8/10. The injured worker complained of numbness to the bilateral knees. The physical examination revealed tenderness to palpation to the lumbar spine, with limited range of motion. The sensory examination was normal to light touch bilaterally, and the reflexes were 2+. There was a positive straight leg raise, as well as a positive facet loading test. The motor strength was rated 5/5 in all dermatomes. The Request for Authorization form dated 05/05/2014 was for a caudal epidural steroid injection; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Lumbar Epidural steroid injection:** Upheld

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

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

**Decision rationale:** The injured worker complained of low back pain that radiated to his bilateral legs. 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 guidelines' 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). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. There is a lack of clinical findings consistent with radiculopathy by showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. An MRI dated 04/11/2014 revealed disc bulges involving the L3-4, L4-5, and L5-S1, resulting in various degrees of foraminal stenosis and central canal stenosis. However, due to the lack of clinical findings consistent with radiculopathy, a caudal epidural steroid injection is not appropriate at this time. Therefore, a caudal lumbar epidural steroid injection is not medically necessary.