MAXIMUS Federal Services

| Case Number: | CM14-0167305 | | |
|---|---|---|---|
| Date Assigned: | 11/20/2014 | Date of Injury: | 10/31/2013 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 35-year-old male, who sustained an industrial injury on 10/31/2013. He reported low back pain. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy and degeneration of intervertebral disc. Treatment to date has included chiropractic treatment, physical therapy and medication. Lumbar magnetic resonance imaging (MRI) from 12/30/2013 showed small, focal central protrusions at L4-5 and L5-S1. The protrusion at L4-5 resulted in mild impingement upon the descending L5 nerve roots bilaterally. According to the progress report dated 9/4/2014, the injured worker complained of moderate to severe low back pain, worse on the left. He complained of tingling and pain going down the back of his left leg into the calf and sometimes the bottom of the foot. Current medications included Nabumetone and Tramadol. Exam of the lumbar spine revealed moderate tenderness and pain with range of motion. Patrick-Fabere test was positive. Authorization was requested for an ultrasound guided caudal epidural injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided caudal epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Ultrasound guided caudal epidural injection is not medically necessary and appropriate.