

<b>Case Number:</b>	CM14-0197189		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This case involves a 53 year old female with a work related low back injury dated 04/01/2004. The mechanism of injury is described while the injured worker was working as a custodian when a table fell on her back. According to a primary physician's progress report dated 09/29/2014, the injured worker presented for an interval follow-up on her chronic work related low back pain. Diagnoses included failed cervical back syndrome, intractable migraine, lumbosacral radiculopathy, and fibromyalgia/myositis. Treatments have consisted of epidural steroid injections May 2014, which was noted as extremely effective at reducing back and leg pain by over 65% and improving her function by 50%, along with medications. The treating physician noted that it has been wearing off and her pain is quite severe. Diagnostic testing included MRI of the lumbar spine dated 04/02/2014, which showed levoscoliosis centered on the L3-4, transitional partially sacralized L5, and degenerative hypertrophic changes and stenosis located at L3-4, L4-5, and L5-S1. Work status is noted as permanent and stationary. On 11/10/2014, Utilization Review non-certified the request for a caudal epidural steroid injection with fluoroscopy and anesthesia, citing California Medical Treatment Utilization Schedule Chronic Pain, American College of Occupational and Environmental Medicine, and Official Disability Guidelines. The Utilization Review physician stated the documentation noted failure of basic conservative measures. However, the physical examination revealed no clear focal findings consistent with objective radiculopathy, such as sensory changes in a dermatome, weakness in a myotome, or abnormal reflexes. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection with fluoroscopy and anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however, there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of radiculopathy. The patient is not a candidate for surgery. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, this request is not medically necessary.