

<b>Case Number:</b>	CM14-0199571		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Orthopedic Surgery 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 sustained a work related injury on May 15, 2012, tripping over a mop. The extent of the injuries was not included in the provided documentation. An MRI of the lumbar spine dated January 8, 2013, was noted to show multilevel degenerative changes most prominent at L1-L2 and from L4-S1 without otherwise acute bony MR abnormality of the lumbar spine. An electromyography study performed October 7, 2013, was noted to be an abnormal study with findings of mild chronic right L5 radiculopathy. A Physician's note dated October 31, 2014, noted the injured worker with complaints of thoracolumbar back pain with pain radiating into both legs. The injured worker's previous conservative treatments were noted to include hot packs, ice packs, exercise, epidural steroid injections, physical therapy, and oral medications. The injured worker was noted to have undergone a bilateral L5-S1 laminectomy on July 19, 2014. The surgical report was not included in the documentation provided. Physical examination was noted to include lumbar spine tenderness at L4-L5 with paraspinal spasm, and his range of motion was reduced 75%. The physician noted the impression of back pain and mid back pain with lumbar spine and thoracic spine degenerative joint disease. The Physician noted that conservative treatment had been performed with no long lasting relief, and requested authorization for an ultrasound guided caudal epidural injection under ultrasound for the spine. On November 5, 2014, Utilization Review evaluated the request for an ultrasound guided caudal epidural injection under ultrasound for the spine, unspecified level, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the injured worker's preoperative and postoperative neurological examinations were normal with no evidence for radiculopathy, with no report of significant improvement from past epidural injection. The UR Physician noted that the injured worker did not meet the guidelines for either an initial or a repeat epidural steroid injection, therefore, the request for an ultrasound guided caudal epidural

injection under ultrasound for the spine, unspecified level, was non-certified. The decision was subsequently appealed to 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 under Ultrasound (unspecified level): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Caudal Epidural Steroid Injection under Ultrasound (unspecified level) is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections (ESIs) are to reduce pain and inflammation, thereby restoring function in order to progress in an active therapeutic exercise program. The criteria for ESIs are that radiculopathy must be documented on physical examination and corroborated by imaging studies; the injured worker had to have been initially unresponsive to previous conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants; and repeat injections are based on quantitative objective findings regarding pain reduction and functional improvement, noting at least 50% pain relief; and reduction of medication for 6 to 8 weeks. The clinical documentation submitted for review noted that this injured worker had radicular signs and symptoms that corroborated with imaging studies; however, there were no neurological deficits documented. Moreover, the previous epidural steroid injection benefitted him 20%, and it was not documented that he had a reduction in pain medication for 6 to 8 weeks. In the absence of quantitative objective findings regarding neurological deficits and significant improvement from the previous injection, and as the request does not specify the guidance of fluoroscopy, the request is not supported by the evidence based guidelines. As such, the request for Caudal Epidural Steroid Injection under Ultrasound (unspecified level) is not medically necessary.