

<b>Case Number:</b>	CM14-0023950		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 has a date of injury on 5/6/09. He is status post lumbar decompression from L4-S1 performed on 6/18/10. Physical exam is remarkable for lumbar spine range of motion restrictions secondary to pain with extension and lateral bending. Sensation is decreased to pinprick over the posterior lateral thigh and calf. Motor exam is normal. Reflexes are symmetric. Treatment diagnoses includes status post lumbar decompression and laminectomy L4-S1. Plan is to continue with physical therapy and undergo caudal epidural steroid injection L4-5 and L5-S1 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection Bilateral L4-L5, L5-S1:** 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(s): 46.

**Decision rationale:** The injured worker has post laminectomy syndrome with persistent low back pain following lumbar decompression and fusion. He is making modest functional progress with physical therapy. Request has been made for multilevel caudal epidural steroid injection. MTUS guidelines criteria indicate that no more than one intralaminar level should be injected in one session. Request as stated for a multilevel epidural steroid injection is therefore not medically necessary.