

<b>Case Number:</b>	CM14-0064768		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44-year-old male, who sustained an industrial injury on April 24, 2006. He has reported low back pain. His diagnoses include lumbar radiculopathy, chronic pain, and extrude disc lumbar 5-sacral 1. On January 28, 2014, an MRI of the lumbar spine was performed. He has been treated with acupuncture, physical therapy, and chiropractic therapy, which provided limited benefit. A prior lumbar epidural steroid injection was performed, which provided no help. He was also treated with medications. On April 1, 2014, his treating physician reports he has constant low back pain with radiation to the bilateral lower extremities. Associated symptoms include numbness, tingling, and motor weakness in the bilateral lower extremities. The pain was rated 9/10. The physical exam revealed a slow gait, bilateral lumbar spinal vertebral tenderness anterior the lumbar 4-sacral 1 level, range of motion was limited due to pain, pain was significantly increased with flexion and extension, motor strength was within normal limits in the bilateral lower extremities, sensation was decreased along the bilateral lumbar 5-sacral 1 dermatomes of the bilateral lower extremities, bilateral patellar reflexes were normal, bilateral Achilles were decreased bilateral seated straight leg raise was positive for radicular pain at 70 degrees, negative bilateral clonus, and absent Waddell's signs. The treatment plan includes diagnostic caudal epidural steroid injection using fluoroscopy. On April 14, 2014, Utilization Review non-certified a request for 1 diagnostic caudal epidural steroid injection using fluoroscopy at lumbar 5-sacral 1, noting the guidelines recommend this procedure for radicular pain. There was a lack of evidence of chronic lumbar motor radiculopathy on the patient's electromyography/nerve conduction study (EMG/NCS) of the lower extremities. In addition, it

was reported that the prior epidural steroid injection did not help. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One Diagnostic caudal epidural steroid injection using fluoroscopy at L5-S1: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on to the. The medical records provided indicate the diagnosis of lumbar radiculopathy, chronic pain, and extrude disc lumbar 5-sacral. Treatments have included acupuncture, physical therapy, medications and chiropractic therapy; the medical records provided for review do not indicate a medical necessity for One Diagnostic caudal epidural steroid injection using fluoroscopy at L5-S1. The MTUS does not recommend epidural injection unless radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants. The records indicate the pain has failed conservative care, including previous epidural steroid injection. However, there was no documentation of positive straight leg raise in the physical examination; or finding of nerve encroachment, disc herniation or radiculopathy in the either the imaging or nerve studies (electrodiagnostic testing).