

<b>Case Number:</b>	CM15-0101758		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Pain Management

### 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 8/15/11. He has reported initial complaints of a back injury at work. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar post laminectomy syndrome, lumbar radiculopathy, spinal stenosis, and back pain. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, chiropractic, and home exercise program (HEP). Currently, as per the physician progress note dated 5/12/15, the injured worker complains of back pain that has been unchanged and interrupts his sleep. The symptoms are described as numbness, throbbing, aching, stabbing and tingling and radiates into the buttocks and bilateral extremities. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the lumbar spine dated 12/15/14 reveals dorsal fusion with laminectomy and hemifacetectomy defects and incorporation of the fused disc spaces does not yet appear fully complete. The MRI of the lumbar spine dated 7/29/14 reveals that compared to previous Magnetic Resonance Imaging (MRI) dated 12/20/11; there is additional lumbar spine surgery with post- surgical changes seen. There is a new fluid collection seen and the differential diagnosis includes pseudomeningocele versus seroma. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/7/15 reveals L4-L5/L5-S1 dorsal and interbody fusion procedures with bilateral pedicular screws and interbody graft plugs noted. There are midline laminectomy defects and fluid collection/seroma in the laminectomy defect which is unchanged from previous study. The physical exam reveals that the facial expressions indicate that the injured worker is feeling pain. The lumbar spine has severe tenderness at the left sciatic notch and the right sciatic

notch. The straight leg raise in sitting position is positive on the left and right. The physician noted that the injured worker has bilateral radicular pain and has failed conservative treatment with physical therapy, home exercise program (HEP), anti-inflammatory medication and time. There is no previous physical therapy or chiropractic sessions noted in the records. The physician requested treatment included a Caudal Injection.

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

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

**Caudal Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 47.

**Decision rationale:** A caudal injection is a type of epidural steroid injection done through the sacral hiatus. It can be the preferred approach in patient with a history of lumbar surgery, such as this worker with a lumbar fusion. Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. This includes a positive straight leg test on the left, which can indicate neural tension and radiculopathy. However, MRI of the lumbar spine indicates intact fusion hardware from L4 to S1 and no disc herniations at higher lumbar levels. Given this lack of significant MRI findings, the currently requested lumbar epidural steroid injection is not medically necessary.