

<b>Case Number:</b>	CM15-0196612		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Texas, Florida, California

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 35 year old female who sustained an industrial injury on 08-31-2014. According to a physical therapy progress report dated 06-12-2015, the injured worker had progressed "extremely poorly" in physical therapy as a result of elevated pain levels and significant soft tissue irritation in the lower lumbar paraspinals. The injured worker was very apprehensive with treatment fearing exacerbation of symptoms. The provider noted that with the use of epidural injections the injured worker's activity program may increase without fearing exacerbation of symptoms. On 06-29-2015, the provider noted that the injured worker was status post bilateral L5-S1 transforaminal epidural steroid injection on 06-15-2015. She reported 100% pain relief. Her current pain level was rated 9 on a scale of 1-10 and described as aching and sharp in her upper mid back, aching sharp, shooting and burning across the low back radiating into her bilateral legs and feet. She had associated numbness and pins and needles in her feet. The provider noted that conservative measures tried in the past included physical therapy, massage therapy, chiropractic treatment and or acupuncture which provided partial, brief or temporary relief. Non-steroidal anti-inflammatory drugs did not provide "adequate" relief. MRI of the lumbar spine performed in January 2015 showed left paracentral extension and annular tear at L5-S1. Assessment included ongoing radicular type back pain. Diagnoses included lumbosacral radiculitis and long-term current use of other medications. Recommendations included bilateral L5-S1 root transforaminal epidural steroid injection. According to a progress report dated 08-24-2015, the injured worker was seen in follow up regarding back pain. Her current pain level was rated 9 and was described as sharp, burning, aching across the low back shooting into her bilateral buttocks. Facet tenderness was present on the lumbar spine. Straight leg raise test was positive bilaterally. Pain was reproduced with bilateral facet loading of the lumbar spine. Range of motion

of the lumbar spine was decreased due to pain. Muscle tone did not reveal any asymmetries of bulk or tone. Muscle strength of quadriceps was 4 out of 5 on the right and 5 out of 5 on the left. Ilio-psoas was 4 out of 5 on the right and 5 out of 5 on the left. Foot dorsiflexion was 4 out of 5 on the right and 5 out of 5 on the left. Foot extension was 4 out of 5 on the right and 5 out of 5 on the left. Extensor hallucis longus was 4 out of 5 on the right and 5 out of 5 on the left. Patellar reflex was 2 out of 4 on the right and 2 out of 4 on the left. Ankle reflex was 2 out of 4 on the right and 2 out of 4 on the left. The treatment plan included new MRI and medications. On 09-25-2015, Utilization Review non-certified the request for caudal injection x 1 under fluoroscopic guidance.

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

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

**Caudal injection x 1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** This claimant was injured in 2014 with continued pain. On 06-29-2015, the provider noted that the injured worker was status post bilateral L5-S1 transforaminal epidural steroid injection on 06-15-2015. She reported 100% pain relief. The duration of about 6 weeks is not documented. The current pain level was rated 9 on a scale of 1-10 and described as aching and sharp in her upper mid back, aching sharp, shooting and burning across the low back radiating into her bilateral legs and feet. She had associated numbness and pins and needles in her feet. MRI of the lumbar spine performed in January 2015 showed left paracentral extension and annular tear at L5-S1. Facet tenderness was present on the lumbar spine. Straight leg raise test was positive bilaterally. Pain was reproduced with bilateral facet loading of the lumbar spine. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI documentation do not meet this criterion. The request appears is not medically necessary based on the above.