

<b>Case Number:</b>	CM15-0037447		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

### 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 64-year-old male, who sustained an industrial injury on 9/13/2000. The details regarding the initial injury were not submitted for review. The diagnoses have included lumbar post laminectomy syndrome, lumbar pain with radiculopathy, cervical post laminectomy syndrome, cervical radiculopathy, cervicogenic headaches, cervicgia, and shoulder pain. He is status post cervical C5-6 fusion with unknown postoperative complication and lumbar fusion L4-S1. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, home exercise and steroid injections. Currently, the IW complains of continued significant flare-up of lower back pain with radiation down both legs rated 7/10 VAS. The physical examination from 11/11/14 documented a positive straight leg raise test at 40 degrees. The plan of care included caudal epidural steroid injection, pending authorization, and to continue medications as previously prescribed to and attempt to modify medication regimen next visit. On 2/27/2015, the injured worker submitted an application for IMR for review of caudal epidural steroid injection with fluoroscopy and monitored sedation medically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection, Fluoroscopy, and Monitored sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with multiple areas of pain. The patient is status post lumbar fusion, date unknown. The physician is requesting a CAUDAL EPIDURAL STEROID INJECTION, FLUOROSCOPY, AND MONITORED SEDATION. The RFA from 01/02/2015 shows a request for caudal epidural steroid injection based upon failure of conservative care of the examination findings and a 08/11/2014 MRI of the lumbar spine revealing disc bulge with central canal stenosis at L3 - 4 together with a grade 1 spondylolisthesis at that level. The patient's date of injury is from 09/13/2000 and his current work status was not made available. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The records do not show any previous caudal epidural steroid injection. The MRI from 08/11/2014 showed: 1. Post-operative change with fusion L5 - S1 and L4 - 5. 2. Spondylolisthesis and facet arthropathy, mild stenosis L3 - 4. The 02/09/2015 progress report notes low back pain radiating to the bilateral legs. The patient's right leg symptoms are documented in the S1 distribution. In this case, the MRI does not show significant stenosis or protrusion to warrant the need for an epidural steroid injection. The request IS NOT medically necessary.