

<b>Case Number:</b>	CM15-0082808		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 44 year old male, who sustained an industrial injury on 12/17/2010. The initial complaints or symptoms included low back pain. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, injections, and lumbar fusion surgery. Currently, the injured worker complains of low back pain with radiating pain into the lower extremities. The diagnoses include lumbar degenerative disc disease, lumbar radiculitis, lumbar stenosis, lumbar disc disorder, and post lumbar laminectomy syndrome. The request for authorization included lumbar caudal epidural steroid injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar caudal epidural steroid injection with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents on 04/01/15 with lower back pain rated 5/10, which radiates into the bilateral lower extremities. The patient's date of injury is 12/17/10. Patient is status post lumbar laminectomy and fusion at L5-S1 levels at a date unspecified. The request is for INJECT SPINE LUMBAR/SACRAL. The RFA is dated 04/14/15. Physical examination dated 04/01/15 reveals a well healed scar in the lumbar region, restricted and painful range of motion in all planes, and positive straight leg raise test bilaterally. Neurological examination section states: "On sensory examination, touch sensation is absent over lower extremities both; pain sensation is present over lower extremities both." [sic] The patient is currently prescribed Robaxin and Norco. Diagnostic imaging included lumbar MRI dated 10/27/14, significant findings include: "There is laminectomy change at L5, interbody fusion at L5-S1 and posterior spinal instrumentation and fusion change at L5-S1, L4-5: There is no significant dural compression. There is mild bilateral neural foraminal stenosis. L5-S1: There is no significant dural compression or neural foraminal stenosis." Electrodiagnostic study dated 06/04/13 has the following impression: "There is electrodiagnostic evidence of chronic right L5 (and possibly L4) radiculopathy." Patient is currently working. MTUS Chronic Pain Treatment Guidelines, section on 'Epidural steroid injections (ESIs)' page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG Low Back - Lumbar & Thoracic chapter under Epidural steroid injections (ESIs) has the following: "With discectomy: Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." In this case, the provider is requesting what appears to be this patient's first lumbar ESI to date. Progress note dated 04/01/15 documents positive straight leg raise test bilaterally, and decreased sensation to light touch in the bilateral lower extremities; though does not specifically state whether or not the loss of sensation takes place along a particular dermatomal distribution. Electrodiagnostic study dated 06/04/13 does indicate chronic radiculopathy along the right L5 distribution. MRI of the lumbar spine dated 10/27/14 conflicts with this conclusion, as there are no findings of foraminal stenosis or dural compression at the requested levels. In addition, it is not stated in the progress notes or the RFA whether this injection is to be performed on the left, the right, or bilaterally. Given this patient's surgical history, the conflicting MRI and electrodiagnostic studies, and the failure to specify a side (or sides) to be injected, the request as written cannot be substantiated. The request IS NOT medically necessary.