

<b>Case Number:</b>	CM14-0098697		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/28/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female with an original industrial injury on July 28, 2005. The mechanism of injury occurred from a slip and fall when the injured worker fell off a step stool. The accepted body regions include the lumbar spine and the right elbow. The patient underwent lumbar fusion and continues with diagnoses of failed back surgery syndrome, lumbar radiculopathy. The patient has had spinal cord stimulator placement. A utilization review determination had noncertified this request stating that there was insufficient objective documentation of radicular pain on examination such as "positive straight leg raise."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Caudal Epidural injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Section Page(s): 47.

**Decision rationale:** In the case of this injured worker, there is sufficient documentation of pathology that would contribute to lumbar radiculopathy. The patient has post laminectomy syndrome following fusion at L4-L5 and L5-S1. The patient has documentation of positive

straight leg raise and cross straight leg raise examination in a progress note on February 13, 2014. This is despite the utilization review determination non-certifying this request stating that there was insufficient objective documentation of radicular pain on examination such as "positive straight leg raise." The patient has had conservative therapies with physical therapy and there is strong consideration for surgical intervention as documented in a note on 2/13/14. A later progress note from a different provider on May 23th , 2014 documents the request for caudal ESI. At this juncture, this is medically appropriate as the patient has clear documentation of lumbar radiculopathy on examination and as significant spine pathology documented. This request is medically necessary.