

<b>Case Number:</b>	CM14-0216316		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male with a work related injury dated 11/16/2007. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a pain re-evaluation dated 11/10/2014, the injured worker presented with complaints of neck, low back, and hip pain and that the medications are helping. Diagnoses included cervicalgia, cervical disc protrusion, lumbago, lumbar facet dysfunction, and gastritis. Treatments have consisted of lumbar and cervical discectomies, physical therapy, home exercise program, and medications. Diagnostic testing included electromyography/nerve conduction study from 06/25/2010 which showed slight degree of right knee median sensory neuropathy distal to the wrist line, marked degree of right ulnar neuropathy across the elbow, and chronic left C6-C7 radiculopathy. MRI of the cervical spine which showed postsurgical changes with the disc protrusion at C2-C3 level and MRI scan of the lumbar spine which showed postsurgical changes at L4-L5 and L5-S1 levels with disc protrusion. Work status is noted as total temporary disability. On 12/05/2014, Utilization Review non-certified the request for Caudal Epidural Steroid Injection (ESI) for the Lumbar Region citing Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated there is no documentation of current lumbar radicular complaints nor is there exam findings that correlate with a specific dermatomal or myotomal radicular findings and the provider has not documented the rationale for the caudal approach to the ESI. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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

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

**Caudal epidural steroid injection for the lumbar region:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** This patient receives treatment for neck, low back and hip pain that dates back to 2007. The medical documentation does not show that there is a radicular pattern of pain or neurologic deficits that are confirmed by imaging or electrodiagnostic testing. The treatment guidelines for ESIs require that these findings are present. An ESI in the lumbar region is not medically indicated.