

<b>Case Number:</b>	CM15-0040384		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/24/2005
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: North Carolina

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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 3/24/2005. The symptoms at the time of the injury have not been provided. He was diagnosed as having lumbar facet syndrome, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included surgical intervention including lumbar L3-4 fusion (1/14/2009), medications, diagnostics and modified work. Per the Primary Treating Physician's Progress Report dated 2/03/2015, the injured worker reported back pain radiating from the low back down the right leg and lower backache. Pain has increased since the last visit and is rated as 7/10 with medications and 9/10 without medications. Physical examination revealed restricted range of motion to the lumbar spine, limited by pain. Straight leg raise test is positive on both sides in supine position. There is tenderness, hyper tonicity and spasm to the paravertebral musculature and a tight muscle band is noted on both sides. The plan of care included continuation of prescribed medications, a sleep study, a caudal epidural catheter, and follow up care. Authorization was requested for sleep study and a caudal epidural with catheter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Sleep Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date medical guidelines, sleep studies.

**Decision rationale:** The ACOEM, California MTUS and ODG do not specifically address the requested service. Per the up-to-date medical guidelines, sleep studies are indicated in the evaluation of possible sleep apnea. The patient reports fatigue and not feeling well rested after adequate amount of sleep. Therefore, these are possible symptoms of sleep apnea and the request is certified.

**Caudal Epidural Steroid Injection with Catheter:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: "Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The patient has the documentation of low back pain and lumbar disc herniation and there is documentation of radiculopathy on the physical exam. There is included corroboration by imaging studies. For these reasons criteria as set forth above per the California MTUS have been met. The request is certified.