

<b>Case Number:</b>	CM15-0099790		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62-year-old female with a March 30, 2012 date of injury. A progress note dated April 3, 2015 reported complaint of lower back pain that radiates to the bilateral lower extremities with associated numbness and tingling; pain rated at a level of 6/10), objective findings of tenderness of the cervical spine and lumbar spine. The injured worker has been diagnosed of diagnoses of lumbar radiculopathy; cervical radiculopathy; knee internal derangement. Much of the progress note was difficult to decipher. Treatments to date have included physical therapy, acupuncture, diagnostic testing, imaging studies, extracorporeal shock wave therapy, medications, and chiropractic treatments. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included a caudal epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The injured worker sustained a work related injury on April 3, 2015. The medical records provided indicate the diagnosis of lumbar radiculopathy; cervical radiculopathy; knee internal derangement. Treatments have included physical therapy, acupuncture, diagnostic testing, imaging studies, extracorporeal shock wave therapy, medications, and chiropractic treatments. The medical records provided for review do not indicate a medical necessity for caudal epidural injection. The medical records (07/2014) indicate the injured worker has positive straight leg raise at 50 degrees, Lumbar MRI of 01/2014 revealed evidence of diffuse disc herniation at L4-L5, L5-S with indentation of the thecal sac. Another MRI report stated there was effacement of nerve root. The nerve studies were reported as normal. The MTUS recommends epidural steroid injection when an individual with radicular pain who has failed conservative treatment has a physical finding of radiculopathy corroborated by imaging and or electro-diagnostic study (never study). Therefore, this request is not medically necessary.