

<b>Case Number:</b>	CM13-0037048		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 47-year-old female who reported an injury on 11/10/2008. The mechanism of injury was stated to be a cumulative trauma. The patient was noted to have a lumbar epidural steroid injection at L5-S1 on 03/26/2013, which gave the patient 1 to 2 days' relief. The patient was noted to complain of pain in the back radiating into the lower extremities mostly on the left side and foot. The patient was noted to have a normal EMG/NCS on 09/18/2013 and it was indicated the patient should undergo a caudal repeat epidural. The patient's diagnosis was noted to be lumbar radiculopathy and the request was for caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**caudal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** The California MTUS guidelines recommend for repeat epidural steroid injection, there must be 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. The patient was noted to have weakness of 4+/5 in the left lower extremity on dorsiflexion, EHL and plantar flexion. However, the manual muscle testing and dermatomal testing was noted to be intact. The patient had a normal straight leg raise. The patient lacked objective findings of radiculopathy to support the injection. The clinical documentation submitted for review indicated the patient had 1 to 2 days' relief from the previous ESI on 03/26/2013. There is a lack of documentation indicating the patient had objective pain decrease and functional improvement. Additionally, there is a lack of documentation indicating the levels being requested. Given the above and the lack of documentation, the request for caudal epidural steroid injection is not medically necessary.