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| <b>Case Number:</b>   | CM13-0038244 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 03/07/2013 |
| <b>Decision Date:</b> | 05/07/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 Orthopedic Surgery 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 claimant is a 38 year old male who was injured in a work related accident on March 8, 2013. The recent clinical progress report January 16, 2014 indicated continued complaints of low back related complaints with radiating pain to the left leg and buttock. He indicates he underwent two prior caudal epidural steroid injections the last of which November 8, 2013 with no documentation of long standing benefit. The claimant was diagnosed with chronic right lumbar radiculitis. Reviewed was a MRI report July 11, 2013 that showed evidence of prior L4-5 and L5-S1 laminectomy and discectomy with no evidence of acute compressive pathology. At the present there is a request for further epidural steroid injection to be performed given the claimant's continued complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SECOND CAUDAL EPIDURAL STEROID INJECTION TO THE SACRAL HIATUS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, (ESIS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The CA MTUS Guidelines would not support further epidural procedure. CA MTUS states, "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." The clinical records do not indicate significant benefit with previous procedure being performed. The current physical examination findings and imaging failed to demonstrate radicular findings on examination with compressive findings on imaging. The absence of the above at this time fails to necessitate the need for epidural procedure as requested.