

<b>Case Number:</b>	CM13-0039919		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury of 4/27/2007. Patient has been treated for ongoing low back pain. Patient holds the diagnoses of lumbar radiculopathy, backache, lumbar degenerative disc disease. Subjective complaints include low back pain that radiates into both lower extremities that continue in spite of surgical intervention. Physical exam shows tenderness over lumbar facets, and paravertebral muscles. Lumbar range of motion was painful and decreased. Straight leg raise was positive. Reflexes were symmetrical and sensory exam showed decreased sensation in L5 distribution. Patient has been treated with multiple conservative measures. Previous caudal injection was performed in 8/12, which was reported as not being beneficial. Medications include Fioricet, Ambien CR, Docusate, Prilosec, Nucynta, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) CA MTUS Chronic Pain Medical Treatment Guidelines ,and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Chronic Pain Medical Treatment Guidelines ESI, and Official Disability Guidelines (ODG), Low Back, ESI.

**Decision rationale:** CA MTUS notes that the purpose of epidural steroid injection (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. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. An inadequate response (ODG ESI chapter) of <30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that did not demonstrate pain relief or functional improvement. Since patient had a failed injection previously there is no clear rationale that a repeat injection would be a long-term benefit. For these reasons, the medical necessity of a repeat ESI has not been established at this time.