

<b>Case Number:</b>	CM13-0061071		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology, 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 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 injured worker is a 58-year-old female who reported an injury on 01/15/2008. The mechanism of injury was the injured worker went to sit in a rolling desk chair which scooted away from her and she hit the floor heavily on the buttock and the left hip. The clinical documentation indicated the injured worker had a caudal epidural steroid injection on 07/11/2013. The documentation of 08/26/2013 revealed the injured worker had no benefit from her last caudal epidural steroid injection (ESI) and had worsening back pain from 4/10 to 8/10. The injured worker's bilateral lower extremities strength was 5/5 and the sensation was intact to light touch bilaterally. The request was made for a new caudal ESI. The diagnosis included coccydynia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION-STERIOD CAUDAL EPIDURAL STEROID INJECTION, TIMES ONE, COCCYX:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injection (ESI).

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

**Decision rationale:** The California MTUS Guidelines recommend for repeat epidural steroid injection, however, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the clinical documentation submitted for review indicated the injured worker's bilateral lower extremities strength was 5/5 and the sensation was intact to light touch bilaterally. There were no objective findings to support the necessity for a repeat caudal injection. The clinical documentation submitted for review indicated the injured worker had no benefit from the prior caudal epidural steroid injection (ESI). The injured worker indicated their pain level increased with a caudal ESI. It was indicated the injured worker had a prior caudal ESI in 01/2013 which helped reduce pain. However, there was lack of documentation of objective functional improvement and objective pain relief with associated reduction of medication use for 6 to 8 weeks. Given the above, the request for injection steroid caudal epidural steroid injection x1 coccyx is not medically necessary.