

<b>Case Number:</b>	CM13-0062758		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/11/2006
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation 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:

This 42 year-old male sustained an injury on 6/11/06 while employed by [REDACTED]. Request under consideration include EPIDUROGRAM W/ PROCEDURAL MODIFICATION FOR PAIN RELIEF and CAUDAL EPIDURAL STEROID INJECTION L3-L4, L4-L5, L5-S1. Report of 10/16/13 from the provider noted patient with increased low back pain with radicular symptoms in the lower extremities; overall, quality of life continued to be impaired. Exam of the lumbar spine showed paraspinal tenderness; straight leg positive bilaterally. Diagnoses included s/p fusion of lumbar spine with residual and progressive back and leg pain; gastritis; exogenous obesity; and symptoms of anxiety and depression. Report of 11/13/13 from the provider noted low back pain radiating into lower extremities; increased anxiety and depression; working on weight loss. Exam only identified vital signs and tenderness to palpation over lumbar paraspinal musculature with spasms. Diagnoses were unchanged. Treatment was for caudal lumbar epidural injection epidurogram. It was explained to the patient the procedure may be modified between caudal versus lumbar epidural depending on fluoroscopy. The provider noted ACOEM is not relevant as it only applies to acute and subacute conditions and this is treatment of chronic low back pain. Request of epidurogram and caudal steroid injections were non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDUROGRAM W/PROCEDURAL MODIFICATION FOR PAIN RELIEF:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. As the CAUDAL EPIDURAL STEROID INJECTION L3-L4, L4-L5, L5-S1 is not medically necessary and appropriate; thereby, the EPIDUROGRAM W/PROCEDURAL MODIFICATION FOR PAIN RELIEF is also not medically necessary and appropriate.

**CAUDAL EPIDURAL STEROID INJECTION L3-L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI 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. Submitted reports have not demonstrated any functional improvement derived from previous injections nor are there any identified neurological deficits presented on medical reports submitted. Criteria for the caudal/LESI have not been met or established. The CAUDAL EPIDURAL STEROID INJECTION L3-L4, L4-L5, L5-S1 is not medically necessary and appropriate.