

<b>Case Number:</b>	CM13-0063505		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/06/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, has a subspecialty in Pain Management, 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 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 44-year-old male who sustained a work-related injury on 3/10/13. Subjective complaints include low back pain, and objective findings include tenderness and spasm to the distal aspect of the lumbar spine. The current diagnosis is lumbar spondylosis, and treatment to date has been activity modification, physical therapy, acupuncture, and medications. A medical report from 10/30/13 indicates that the patient had a previous ultrasound guided caudal block on 9/26/13 and experienced a decrease in pain and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a second ultrasound guided caudal injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The MTUS/ACOEM guidelines state that epidural steroid injections may be recommended with documentation of objective radiculopathy in an effort to avoid surgery. The Official Disability Guidelines state that additional epidural steroid injections may be recommended with documentation of at least 50-70% pain relief for six to eight weeks from

initial injections, with a general recommendation of no more than 4 blocks per region per year and no more than two levels per sessions, as well as decreased need for pain medications, and heightened functional response. Within the medical information available for review, there is documentation of a diagnosis of lumbar spondylosis. However, despite documentation of a previous ultrasound guided caudal block on 9/26/13 with a decrease in pain and an increase in functional improvement, there is no clear documentation of at least 50-70% pain relief for 6-8 weeks. In addition, there is no documentation of decreased need for pain medications. Furthermore, given no documentation of the specific level(s) to be addressed, there is no documentation that no more than two nerve root levels will be injected in one session. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.