

<b>Case Number:</b>	CM13-0068749		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/1972
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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:

The injured worker is a 70 year old female who reported an injury on 10/27/1972. The mechanism of injury was not reported. Per the 10/09/2013 clinical note, the injured worker reported low back, right gluteal, and right lower extremity pain. Physical exam findings included a stiff and antalgic gait, decreased lumbar flexion and extension, mild pain on axial rotation bilaterally, and tenderness over the lower lumbosacral junction. The injured worker's medication regimen included Premarin, Pravachol, Tylenol, Excedrin, and Topamax. The injured worker reported 3 previous lumbar surgeries. The injured worker had received 2 caudal epidural steroid injections, with the most recent performed on 07/11/2013. The provider recommended an additional injection. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAUDAL INJECTION WITH ULTRASOUND GUIDANCE:** 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:** The request for caudal injection with ultrasound guidance is not medically necessary. The Chronic Pain Medical Treatment Guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; pain must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy for guidance; 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 6 to 8 weeks; current research does not support a "series-of-three" injections and no more than 2 epidural steroid injections are recommended. There is a lack of imaging studies and physical exam findings to support a diagnosis of radiculopathy. It is unclear if the injured worker had failed conservative care. There is no evidence of pain relief, functional improvement, or reduction in medication use from previous injections. The medical records provided indicate the injured worker had received 2 caudal epidural steroid injections, with the most recent performed on 07/11/2013. It is unclear the date of the first injection; none the less, guidelines do not recommend more than 2 injections. As such, the request is not medically necessary.