

<b>Case Number:</b>	CM14-0001993		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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, 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 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 patient is a [REDACTED] employee who has filed a claim for lumbar spinal stenosis associated with an industrial injury of December 28, 2010. Thus far, the patient has been treated with morphine shots, physical therapy, opioids, a series of four (4) lumbar epidural steroid injections in 2012 providing temporary pain relief, and low back surgery of L5-S1 in May 13, 2013, with improvement post-operatively. The patient is currently not working. In a utilization review report of December 23, 2010, the claims administrator denied a request for bilateral caudal epidural steroid injection at L5-S1 as there were no radicular exam findings. The review of the progress notes show increased low back pain, with spasms and no evidence of focal deficits. There is note of possibility of instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL CAUDAL EPIDURAL STEROID INJECTION AT L5-S1: 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 STERIOD INJECTIONS (ESIs) Page(s): 46. Decision based on Non-MTUS Citation MTUS LOW BACK COMPLAINTS (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 3)PAGE 300.

**Decision rationale:** The MTUS/ACOEM Guidelines and the Chronic Pain Medical Treatment Guidelines indicate that there is no support for epidural injections in the absence of objective radiculopathy. The criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight (6-8) weeks following the previous injection, with a general recommendation of no more than four (4) blocks per region per year. The guidelines also indicate that caudal injections are not recommended for chronic lumbar radiculopathy. In this case, patient does not exhibit signs of lumbar radiculopathy. There is no clear indication for necessity of this procedure. Therefore, the request for bilateral caudal epidural steroid injection at L5-S1 was not medically necessary according to the guideline recommendations.