

<b>Case Number:</b>	CM14-0003771		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/08/2005
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 is a 47-year-old male driver/warehouse worker who sustained an industrial injury on 09/08/2005 after lifting multiple parts out of a truck. The diagnoses include lumbar intervertebral disc degeneration, radiculitis, and lumbago. Previous treatment has included chiropractic treatment, medications, home exercise program, and lumbar epidural steroid injection. The records indicate there was a previous non-certification for a request for 3 caudal epidural steroid injections under fluoroscopy between 12/26/2013 and 2/9/2014. The rationale for non-certification noted that response to prior lumbar epidural steroid injection was not detailed, and he has intact sensation, which is not suggestive of lumbar radiculopathy. There was no radiographic or electrodiagnostic evidence of nerve root pathology to justify a lumbar epidural steroid injection. There was no mention of any prior attempt with active rehabilitation to suggest failure of conservative care, and MTUS does not endorse a "series of 3" injections. An MRI (magnetic resonance imaging) of the lumbar spine performed on 11/19/13 revealed mild to moderate degenerative changes of the lumbar spine on top of congenitally narrow spinal canal, worse at L4-L5 and L5-S1. Most recent evaluation dated 11/12/13 revealed the patient reporting pain radiating to the legs, feet, and toes with numbness and tingling in the feet. The current medications included Crestor, Lexapro, and Wellbutrin. Objective findings on examination revealed reduced lumbar range of motion and tenderness to palpation. There was weakness noted at the gluteus medius bilaterally at 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 CAUDAL EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPY, BETWEEN 12/26/2013 AND 2/29/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, Page(s): 46. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

**Decision rationale:** The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Furthermore, repeat epidural steroid injections can be considered when there is documented greater than 50% pain relief for six to eight weeks, combined with objective functional improvement and reduction in medication usage. In this case, there are no objective findings on examination indicative of radiculopathy, and imaging studies do not identify stenosis or nerve root impingement at any level. The documentation does not describe 50% pain relief for six to eight weeks with demonstrated objective functional improvement and reduction in medication usage following the previous epidural steroid injection, and guidelines do not support the "series of three" injections, as repeat injections are supported only with a positive response to prior injections as noted above. Thus, the request for 3 caudal epidural steroid injections is not medically necessary.