

<b>Case Number:</b>	CM14-0011555		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Internal 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:

The injured worker (IW) is a 54 year-old male janitor with a date of injury of January 17, 2007. The compensable injury is lumbar. The mechanism of injury is not documented in this record. Current medications are not documented in this record. The IW has complaints of left low back pain, severe frequent and with activities of daily living and mobility. The IW had no change in limb sensation or strength. No bowel or bladder changes. Extremities without edema/clubbing or cyanosis. Deep tendon reflex lower extremity decreased distal greater than proximal. Two plus pulses moderate to severe spasm left great than right lumbar paraspinal. Diagnoses are lower back pain, and disc disease. No special studies have been conducted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### CAUDAL EPIDURAL STEROID INJECTION QTY 1: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

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

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain or radiculopathy. Radicular pain presents in a dermatomal distribution. The purpose of epidural steroid injections is to reduce pain and inflammation thereby disturbing range of motion and facilitating progress and more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. In this case, the injured worker did not have any complaints or documentation to support the presence of radiculopathy. Additionally there were no imaging studies or electrodiagnostic studies to support the presence of radiculopathy. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines the epidural steroid injection is not medically necessary.