

<b>Case Number:</b>	CM14-0164659		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/09/2005
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 52 years old with an injury date on 8/9/05. Patient complains of worsening cervical pain radiating into bilateral upper extremities, and lumbar pain radiating into bilateral lower extremities, pain rated 9/10 with medications and 10/10 without medications per 9/3/14 report. Patient also complains of ongoing headaches, gastritis, constipation, and depression per 9/3/14 report. Based on the 9/3/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical radiculopathy 2. cervical spinal stenosis 3. lumbar radiculopathy 4. s/p fusion, lumbar spine 5. depression 6. diabetes mellitus 7. gastritis 8. insomnia 9. medication related dyspepsia 10. vitamin D deficiency 11. chronic pain, other 12. anemia 13. hepatitis A and B 14. cirrhosis 15. bacterial meningitis by history 16. history of DVT 17. scoliosis Exam on 9/3/14 showed "spasm in bilateral paraspinal musculature of L-spine. Mild swelling in lower extremities, bilateral." No range of motion testing was found in reports. Patient's treatment history includes an endoscopy, voltaren gel, second spine surgeon's opinion, and spinal cord stimulator. [REDACTED] is requesting caudal epidural steroid injection using fluoroscopy "for bilateral L4-S1 level" per 9/11/14 report. The utilization review determination being challenged is dated 9/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/19/14 to 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection using fluoroscopy:** 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 of 127.

**Decision rationale:** This patient presents with neck pain, bilateral arm pain, lower back pain, and bilateral leg pain. The treater has asked for caudal epidural steroid injection using fluoroscopy on 9/3/14. Patient's had a prior caudal epidural steroid injection (unspecified date, but prior to 3/24/14) without documentation of effectiveness. A L-spine MRI dated 10/11/11 showed mild bulging annuli without significant disc protrusions per 9/3/14 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has continuing lower back pain, and the treater has requested a repeat caudal epidural steroid injection using fluoroscopy. MRI findings did not show a significant nerve root lesion. Repeat injections are not supported without certain documentation regarding efficacy of prior injection. ESI is not supported unless there is a clear documentation of radiculopathy which required discussion regarding imaging study showing nerve root lesion. Recommendation is for denial.