

<b>Case Number:</b>	CM14-0184472		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/03/2003
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational 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:

Patient is a 57 year-old male with date of injury 08/03/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/09/2014, lists subjective complaints as pain in the low back. Patient is status post L4-S2 laminectomy in 2007. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal musculature. Tenderness was noted along the sacroiliac joint bilaterally. Range of motion was moderately restricted secondary to pain. Patella reflex was 2/4 bilaterally and Achilles reflexes was bilaterally. Diagnosis: lumbar radiculitis 2. Spinal stenosis, lumbar 3. Mood disorder, other. Patient recalls having some kind of epidural steroid injections prior to his spine surgery in 2007. Since after the surgery, he has had none.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient has had previous epidural steroid injections in the distant past, but is unable to recall if they were effective. In regard to the current request, the medical record fails to document the above criteria. Caudal Epidural Steroid Injection is not medically necessary.