

<b>Case Number:</b>	CM14-0020801		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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, Pain Medicine and is licensed to practice in Florida. 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 is a 55-year-old male who reported an injury on 10/20/2000. The mechanism of injury was not provided in the medical records. His diagnosis was lumbar lumbosacral disc degeneration. His previous treatments include medications, physical therapy, caudal ESI (epidural steroid injection) and medications. Within the most recent clinical note dated 06/14/2014, the injured worker reported that his low back pain had improved. He reported that he underwent a caudal ESI in 02/2013 and there was severe scarring that blocked the steroid on the left side. He underwent a spinal endoscope on 09/30/2013 with noted improvement in pain and functional ability. The physician recommended proceeding with a re-inflation of the space, and re-application of steroids to prevent re-scarring of the area. On physical examination of the lumbar spine, the injured worker had marked lower back pain and spasms. He also had pain with extension. On examination of the lower extremities, the physician reported abnormal sensory deficits with normal motor functions. The injured worker had no complaints of pain in his lower extremities and no dysesthesia in his legs or feet. The physician reported that the injured worker previously described decreased skin sensation on the left leg along the L5 dermatomal distribution but it was not present at that visit. The physician reported the injured worker had full, normal range of motion in all joints of the lower extremities, he walked with a normal gait and he had a negative straight leg raising test. The injured worker noted that his previous tingling in his feet had resolved and noted his low back pain was worse with extension. The current request is for caudal epidural steroid injection. The rationale for the injection was not provided. The Request for Authorization was provided on 06/14/2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

**Decision rationale:** The current request for a caudal epidural steroid injection is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain with corroborative findings of radiculopathy defined as pain in dermatomal distribution with corroborative findings or radiculopathy. The guidelines state that repeat blocks should be based on continuing objective documented pain and functional improvement, including at least 50% pain reduction with associated reduction of medication use for 6 to 8 weeks. The clinical documentation provided indicated the patient had received a prior caudal epidural steroid block with noted pain reduction and functional activity. However, continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication for 6 to 8 weeks was not provided. The clinical note provided indicated that the patient's low back pain was improved and his medication was effective to help relieve the pain. As such, the request for caudal epidural steroid injection is not medically necessary.