

<b>Case Number:</b>	CM14-0021461		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/07/2005
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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, 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:

The injured worker is a 52 year old male whose date of injury is 10/07/05 when he fell from a ladder. He complains of low back pain radiating to the lower extremities left worse than right. Lumbar MRI dated 12/28/05 is noted to show evidence of degenerative disc disease, facet arthropathy at L4-L5 and L5-S1 levels; however, no radiology report was submitted for review. Physical examination on 10/07/13 revealed tenderness to palpation lumbar spine with spasm. Range of motion of the lumbar spine is forward flexion 75, hyperextension 0, right and left lateral bending 10. Straight leg raise was positive bilaterally in the seated and supine positions. Motor strength is 5/5 throughout, except 4+/5 left tibialis anterior and left EHL. There is no evidence of sensory loss. Reflexes are 2+ right knee, 1+ left knee, 1+ right ankle, and 0 left ankle. The patient is status caudal epidural steroid injection on 11/14/13. The injured worker reported that his epidural steroid injection helped him by 80% initially with about 50% residual pain relief. A repeat caudal epidural steroid injection was requested, but non-certified per review dated 02/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2ND CAUDAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE AND ANESTHESIA: Upheld**

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines specify the criteria for use of epidural steroid injection, and require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, with documentation that the patient initially was unresponsive to conservative treatment. 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. Although the injured worker reported initial pain relief of 80%, there is no objective evidence of functional improvement. Moreover, the injured worker has not demonstrated any reduction in medications. Based on the clinical information provided for review, the request for 2nd caudal epidural steroid injection under fluoroscopic guidance and anesthesia is not recommended as medically necessary.