

<b>Case Number:</b>	CM14-0041350		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of May 2, 2012. A Utilization Review was performed on March 12, 2014 and recommended non-certification of caudal epidural steroid injection. An Office Visit dated January 20, 2014 identifies the last ESI (epidural steroid injection) back in August helped. However, it is starting to wear off and she is again noticing right sciatica particularly with stairs and inclines. Physical Exam identifies mild-moderate distress. She ambulates with antalgia using a walking stick for support. Her lumbar paraspinals are tight and tender bilaterally. She can only flex forward 30 degrees due to pain. Mild weakness in the right lower limb with 4+/5 with ADF. Diagnoses are not identified. Discussion identifies repeat caudal ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection (ESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for caudal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no clear indication that continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks was obtained with the previous ESI. In the absence of such documentation, the request for a caudal ESI is not medically necessary or appropriate.