

<b>Case Number:</b>	CM14-0203961		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice 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 43 year old male with a work injury dated 05/05/2012. He sustained the injury when picking up a piece of heavy metal. The diagnoses include lumbago status post surgery, lumbar disc displacement L3-4, L4-5 and L5-S1 and lumbosacral neuritis. Per the doctor's note dated 11/14/2014, he had complaints of recent increase in low back pain at 6/10. His last ESI was 5 months earlier and it provided at least 50% decrease in pain with improved tolerance to activities. Physical examination revealed slow but normal gait; lumbosacral spine- flattening of the lordotic curvature, range of motion decreased with flexion and extension due to pain, moderate tenderness throughout the lumbosacral spine and Motor strength in left lower extremity: hip girdle -5, knee extension -5, knee flexion -4, plantar flexion -4, foot dorsiflexion -4, toe extension- 4 +; right lower extremity: hip girdle-5, knee extension-5, knee flexion-5, plantar flexion-5, and foot dorsiflexion-5 and toe extension-5, positive straight leg raising with left greater than right. The medications list includes norco, flexeril, omeprazole and gabapentin. He has undergone lumbar surgery. He has had MRI of the lumbosacral spine on 7/3/12 which revealed 1c x7 mm disc extrusion at lumbar 4-5 effaces the left axillary recess likely impinging on the left lumbar 5 nerve root, posterior broad based disc protrusion at lumbar 3-4 and annular tear/disc protrusion at L5-S1; repeat MRI on 11/1/13 which revealed status post laminotomy and facetectomy at lumbar 4-5 with possible recurrence of left disc protrusion at lumbar 4-5 with effacement of thecal sac impinging the left lumbar 5 nerve root. He has had caudal epidural steroid injection on 6/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Caudal Epidural Steroid Injection under Fluoroscopic Guidance: 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 (ESIs) Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)....7) 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." He has had a caudal epidural steroid injection on 6/19/2014. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior caudal steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of 1 caudal epidural steroid injection under fluoroscopic guidance is not fully established for this patient. Therefore, this request is not medically necessary.