

<b>Case Number:</b>	CM15-0007757		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/25/2000
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old male, who sustained an industrial injury on November 25, 2000. The injured worker has reported neck and back pain. The diagnoses have included post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, lumbar disc displacement, lumbago, cervical disc displacement, cervical degenerative disc disease, cervical radiculopathy, post cervical laminectomy syndrome and cervicgia. Treatment to date has included medications, physical therapy, a home exercise program, chiropractic care, acupuncture treatment, lumbar epidural injection, a cervical fusion with a noted complication of a cord contusion, an anterior cervical fusion revision and a lumbar fusion. The injured worker was noted to be doing well from a post-surgical standpoint following the cervical revision. Most current documentation dated November 24, 2014 notes that the injured worker complained of low back pain rated at a seven out of ten on the Visual Analogue Scale. Associated symptoms include weakness and numbness and tingling. Physical examination of the cervical spine revealed diffuse muscle spasms over paraspinal musculature and a decreased range of motion. The injured worker's activity level had decreased due to lumbar pain. The treating physician recommended a caudal epidural steroid injection. On December 22, 2014 Utilization Review non-certified a request for a caudal epidural steroid injection # 1. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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 Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The most recent progress note does not show any physical examination findings of a radiculopathy in the treatment plan on this date actually recommends nerve root blocks rather than an epidural steroid injection. For these reasons, this request for an epidural steroid injection is not medically necessary.