

<b>Case Number:</b>	CM15-0104786		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 47 year old female, who sustained an industrial injury on 03/31/2006. She has reported injury to the low back. The diagnoses have included lumbar radiculopathy; lumbar disc herniation; and history of lumbar laminectomy in 2006. Treatment to date has included medications, diagnostics, acupuncture, lumbar epidural injections, chiropractic therapy, cognitive behavioral therapy, physical therapy, and surgical intervention. Medications have included Hydrocodone, Prozac, and Trazadone. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing back pain and stiffness; the pain radiates to the left lower extremity to the foot and toes with numbness, tingling, and weakness; the pain level becomes worse throughout the day depending on her activities; pain is rated 8/10 on a scale from 1-10 without medications, and rated 6-7/10 on a scale from 1-10 with medications; she has insomnia and continuous episodes of anxiety, stress, and depression due to chronic pain and disability status; and noted that she had good pain relief in the past with the lumbar epidural injections. Objective findings included tenderness to palpation over the lumbar paravertebral area with moderate spasm noted; tenderness over the paraspinous muscles over the lumbar spine; tenderness noted over the left sciatic notch; straight leg raise causes mainly back pain, especially on the left side, but decreased sensation over the L5 and S1 distribution is noted which is more significant on the left side; and there is decreased lumbar spine range of motion, which is positive for pain and spasm. The treatment plan has included the request for caudal epidural injection with possible repeat injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural injection with possible repeat injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there are no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for caudal epidural injection with possible repeat injections is not medically necessary.