

<b>Case Number:</b>	CM15-0105065		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	05/11/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female who sustained an industrial injury on 03-14-14. Initial complaints include low back and neck pain. Initial diagnoses are not available. Treatments to date include physical therapy, chiropractic therapy acupuncture, and caudal and cervical epidurals. Diagnostic studies include cervical and lumbar MRIs. Current complaints include low back and neck pain. Current diagnoses include cervical and lumbar radiculopathy, as well as cervical and lumbar stenosis. In a progress note dated 04-22-15, the treating provider reports the plan of care as neck surgery, and a repeat caudal epidural steroid injection. The requested treatment includes a repeat caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Repeat Caudal Epidural Steroid injection (ESI) L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)  
Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in March 2014 and continues to be treated for radiating neck and low back pain with left lower extremity radiating symptoms. An MRI of the lumbar spine on 05/12/14 included findings of a left lateralized L5-S1 disc protrusion impinging the S1 nerve root and small right lateralized disc protrusion at L3-4 with mild foraminal narrowing. She underwent a caudal epidural injection on 03/03/15. When seen on 04/22/15 there had been 70% pain relief after the injection and she had been able to discontinue medications. She had recurrent pain rated at 8/10. A repeat injection is being requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant had 70% decreased pain and has been able to discontinue medications after the first epidural steroid injection done more than 6 weeks. Her symptoms recurred and the requested second injection was medically necessary.