

<b>Case Number:</b>	CM15-0161723		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/28/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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:

This 59-year-old female sustained an industrial injury to the low back on 7-28-05. Previous treatment included epidural steroid injections, spinal cord stimulator and medications. Documentation did not disclose recent magnetic resonance imaging. The injured worker underwent caudal epidural steroid injections at L4-5 on 6-23-15. In a PR-2 dated 7-24-15, the physician noted that the injured worker had done well following recent epidural steroid injection. The injured worker reported having a one week history of increased low back pain, rated 7 out of 10 on the visual analog scale, after bracing herself to catch a water bottle that slipped. Physical exam was remarkable for lumbar spine with decreased range of motion, no tenderness to palpation or spasms; negative bilateral straight leg raise, positive Faber sign, thigh thrust and distraction sign bilaterally and decreased bilateral lower extremity strength. Current diagnoses included failed back surgery syndrome, lumbar spine radiculopathy and status post spinal cord stimulator with no relief. The treatment plan included prescriptions for Norco, Zanaflex and Neurontin, laboratory studies and 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:

**Outpatient caudal epidural steroid injection (ESI) using RACZ catheter: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**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. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/24/15, motor strength was 4/5 on the right and 3/5 on the left. Deep tendon reflexes were 2+ bilaterally at the knees and ankles. Sensation was intact to light touch in all dermatomes in the bilateral lower extremities. MRI of the lumbar spine dated 5/17/12 revealed screws at L4-L5, L5-S1. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. Furthermore, it is noted that the injured worker previously underwent ESI on 6/23/15, there was no documentation of efficacy supporting repeat ESI, the request is not medically necessary.