

<b>Case Number:</b>	CM15-0190572		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

This is a 56 year old male who sustained an industrial injury on 10-13-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis and lumbar stenosis. At the 6-3-2015 visit, the injured worker rated his back pain 3 to 6 to 7 out of 10 based on work. He reported continued improvement. At the 7-1-2015, he rated his pain 7 out of 10. The injured worker reported (8-18-2015) an acute exacerbation of his low back pain sustained on 8-15-2015 while performing his typical duties as a firefighter. He rated his pain 9 out of 10. According to the progress report dated 8-25-2015, the injured worker reported feeling progressively worse, despite being off work. The injured worker was supposed to return to work 8-22, but was unable to return due to excruciating pain, which forced him to remain in bed for four days. He was currently taking Vicodin four times a day, but felt that it was not helping. The physical exam (8-25-2015) revealed tenderness to palpation of the entire lumbar and lower thoracic area. Motion was guarded due to pain-axial and into bilateral buttocks with flexion. Straight leg raise was positive. Treatment has included caudal epidural injection (4-16-2015), physical therapy, and medications (Vicodin and Lidoderm patches.) The physician noted (8-25-2015) "epidural really helped in April - was able to RTW and work full duty as a fire fighter." The request for authorization dated 8-25-2015 was for caudal epidural steroid injection lumbar. The original Utilization Review (UR) (9-22-2015) denied a request for caudal epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a history of several work injuries occurring while working as a firefighter. He had an L5/S1 laminectomy with decompression in 2011. In March 2014 bilateral transforaminal epidural steroid injections were done. He subsequently returned to work. In October 2014, he sustained another injury to his low back. An MRI scan of the lumbar spine in November 2014 included findings of post surgical changes and multilevel foraminal narrowing with right lateralization at L5/S1 where the foraminal narrowing was severe. A caudal epidural injection was done in January 2015. When seen in March 2015 there had been a decrease in pain from 9/10 to 3-4/10 and he had been able to decrease his medication use. Another caudal epidural steroid injection was done on 04/16/15. He returned to full duty as of 05/27/15. He was seen on 08/18/15 with an acute exacerbation of back pain, which he had sustained on 08/15/15 while performing his typical job duties as a firefighter. A Toradol injection was administered. On 08/25/15, he had been unable to return to work. Physical examination findings included lumbar paraspinal tenderness with spasms. There was guarded range of motion. There was decreased lower extremity strength with positive straight leg raising. Authorization for a third caudal epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. Indications for repeat blocks include acute exacerbation of pain as in this case. The claimant's ability to return to work after the previous injections at what would be a very heavy PDL indicates positive functional improvement after the previous injections performed. The request is within applicable guidelines and medically necessary.