

<b>Case Number:</b>	CM15-0191099		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	03/05/1997
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on 03-05-1997. He has reported injury to the low back. The diagnoses have included lumbago; sciatica; lumbar spinal stenosis; status post L5-S1 fusion and L4-5 laminectomy; and peripheral neuropathy. Treatment to date has included medications, diagnostics, heat, ice, lumbar epidural steroid injection, aquatic therapy, and surgical intervention. Medications have included Norco, Reglan, and Omeprazole. A progress report from the treating provider, dated 05-11-2015, documented an evaluation with the injured worker. The injured worker reported back pain and sciatic pain; the lumbosacral pain is moderate in intensity with radiation of pain and numbness to both legs; the pain is aggravated by lifting, bending, and standing; he did well with therapy in the past, relieved pain by 30%; aquatic therapy in the past was helping; and he improved with past epidural injections. Objective findings included lumbar paraspinal spasm; trigger points at L5, right sciatic, left sciatic, and iliac crest; range of motion is 50% reduced; motor exam is normal; and deep tendon reflexes are normal. The treatment plan has included the request for caudal epidural under ultrasound guidance. The original utilization review, dated 09-09-2015, non-certified the request for caudal epidural under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy noting the patient did well in PT prior with 30% relief in pain, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted s/p spine fusion already performed for this 1997 injury. The Caudal Epidural Under Ultrasound Guidance is not medically necessary and appropriate.