

<b>Case Number:</b>	CM15-0194601		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 35 year old male who sustained an industrial injury on 10-07-2014. Medical records (03-10-2015 to 08-05-2015), indicated the worker was treated for low back pain with right sciatica and is status post L5-S1 right-sided discectomy (04-13-2015). At the 08-05-2015 visit he has complaint of continued pain and describes his pain as constant, dull, rated a 5 on a scale of 10 and described as alternating sharp/dull starting at the right back and traveling down the thigh to the ankle. His pain level at the time of visit is 9 on a scale of 0-10. He states it is difficult to sit for more than a couple of minutes and is having a difficult time sleeping due to severe pain. Medications include gabapentin and Norco. In the 09-01-2015 visit for a re-check of his back, his exam is essentially the same as the 08-05-2015 visit. On exam, the worker has a forward flexion of 20 degrees, right foot strength of 3 out of 5 with upward and downward resistance. His left foot strength is 5 out of 5 with resistance. The gait is antalgic to the right. He continues to take Norco 10/325 mg one tablet four times daily for back pain. There is no documentation of how long it takes the Norco to act, how much it relieves the low back pain, effect on function, any side effects, and any evidence aberrant drug-related behavior. A request for authorization was submitted for Steroid injection via the caudal route through the sacral hiatus. A utilization review decision 09-18-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection via the caudal route through the sacral hiatus:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for non-certification. Therefore, the request is not medically necessary.