

<b>Case Number:</b>	CM15-0201774		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 51-year-old male with a date of injury on 7-7-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back and neck pain. Progress report dated 9-25-15 reports no significant change since the last visit. He has continued complaints of neck pain associated with right arm pain. He reports difficulty with any neck movement and brings on headaches. The right shoulder and arm pain is described as burning and sharp with numbness and tingling in the mid palm of his right hand. He reports difficulty writing and lifting objects above head and from the ground. He states Robaxin was not helpful in the past but is now helpful for muscle spasm and sleep. He started Norco at the last office visit and states it controls his pain. The pain is rated 8 out of 10. He also has complaints of lower back pain that radiates down both legs into both feet with numbness and tingling, right greater than left. He uses a single point cane to ambulate. Objective findings: tender cervical para-spinal muscles, limited neck range of motion to all planes due to pain, pain response is maximal with minimal pressure applied, lumbar spine has significant tenderness to palpation, limited range of motion and pain in all planes and pain response is maximal with minimal pressure applied. Neurologic testing in lower extremities are within normal limits except right lower extremity with decreased sensation in a non-dermatomal distribution. Waddell's sign positive with leg raising. MRI cervical spine 3-6-15 reveals mild degenerative disc disease with mild stenosis, MRI lumbar spine reveals disc degeneration with small disc bulge with mild central stenosis but no significant neuroforaminal narrowing, electrodiagnostic studies reveal normal right ulnar and radial sensory and motor nerve latency, amplitude, and conduction velocity response and

moderate right wrist median neuropathy at the carpal tunnel region. Treatments include: medication, cognitive behavior therapy, chiropractic and pain management. Request for authorization dated 9-25-15 was made for one outpatient surgical caudal epidural steroid injection. Utilization review dated 10-1-15 non-certified the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Caudal Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** Regarding the request for Caudal Epidural Steroid Injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Caudal Epidural Steroid Injection is not medically necessary.