

<b>Case Number:</b>	CM15-0021133		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female who sustained an industrial injury on 6/9/05 involving her back while in the process of picking up a pallet. She currently is experiencing low back pain. Medications are Cymbalta, oxycontin and tizanidine. Diagnoses are status post lumbar spine stimulator; status post lumbar spine surgery X 6/ lumbar spine fusion and left kidney disease. Treatments to date include medications, home exercise, chiropractic care, physical therapy, surgeries including fusion L4-5 and S1 (7/05) (9/13); implanted dorsal stimulator (2006); epidural steroid injections. Diagnostics include MRI Lumbar spine demonstrating arachnoiditis and computed tomography of the lumbar spine which was abnormal (8/16/12). Progress note dated 12/19//14 requests ultrasound guided caudal epidural injection for the spine due to ongoing low back pain. On 1/15/15 Utilization Review non-certified the request for caudal epidural under ultrasound guidance citing MTUS: Chronic pain Medical Treatment Guidelines: Low Back Complaints: Epidural Steroid Injections.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** This remains a difficult case with the IW undergoing many investigations and interventions apparently without success. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. It can be recommended as an option for treatment of radicular pain with corroborative findings of radiculopathy. In this case we have no confirmation for radiculopathy such as the motor, sensory or reflex findings on examination. The report from the prior ESI fails to indicate any functional improvement. Chronic pain treatment guidelines for ESI recommend no more than 2 injections for diagnostic purposes with the second injection to be used in the case of partial success. Thus in the face of a lack of evidence for at least partial success a second ESI is not justified. Therefore the request is not medically necessary.