

<b>Case Number:</b>	CM15-0031310		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, North Carolina  
 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 69-year-old female who sustained a work related injury on March 18, 2002, after incurring a back injury with disc herniation. Treatment included epidural steroid injections, pain medications and therapy. She was diagnosed with displacement of lumbar disc without myelopathy, thoracic/lumbosacral neuritis, and degeneration of the lumbar spine, Reflex Sympathetic Dystrophy of the right arm and generalized osteoarthritis. Currently the injured worker complained of increased pain of the lumbar spine with increased pain radiating down the right leg. On February 4, 2015, a request for a service of a left caudal epidural steroid injection under fluoroscopy was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Caudal Epidural Steroid Injection under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. Research has shown that no more than 2 injections are required for a successful outcome. ESI can offer short-term pain relief and should be used in conjunction with other rehab efforts, including a home exercise program. ESIs do not affect impairment of function or the need for surgery and do not provide long-term relief beyond 3 months. Criteria for the use of ESIs include a radiculopathy that must be documented by physical exam or corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient must be initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs and muscle relaxants. There is no evidence in the patient's documentations that the above criteria have been met, there the request for ESI is deemed not medically necessary.