

<b>Case Number:</b>	CM15-0035075		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Pennsylvania, Ohio, 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:

This 48-year-old man sustained an industrial injury on 8/26/2011. The mechanism of injury is not detailed. Current diagnoses include lumbar intervertebral disc displacement, lumbar spondylosis, lumbar strain, left sacroiliac joint dysfunction, and bilateral knee pathologies. Treatment has included oral medications, 48 physical therapy sessions, TENS unit, 12 chiropractic sessions, surgical interventions with additional post-operative physical therapy, rest, and 3 caudal epidural injections. Physician notes dated 1/29/2015 show continued low back pain with muscle spasms. Recommendations include resubmission of a request for caudal epidural injection, continuing the same medication regimen, daily home exercise program, TENS unit, and follow up in six weeks. On 1/30/2015, Utilization Review evaluated a prescription for caudal epidural steroid injection under fluoroscopic guidance that was submitted on 2/20/2015. The UR physician noted there was no indication of deep tendon reflex loss or motor loss in a specific myotome. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection under fluoroscopic guidance: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.