

<b>Case Number:</b>	CM15-0058325		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/09/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 9, 2004. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve a request for a caudal epidural steroid injection. A RFA form dated February 17, 2015 was referenced in the determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery and had also received earlier epidural steroid injection therapy. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 5 to 9/10. The applicant had received an epidural steroid injection on August 1, 2014, the attending provider acknowledged. The applicant's medications included Lyrica, Pristiq, Soma, Desyrel, Morphine, Norco, Senna, and MiraLax, it was acknowledged. Multiple medications were renewed, including Morphine and Norco. Permanent work restrictions were also renewed. The applicant was not working with the same in place. Repeat epidural steroid injection therapy was also proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural with catheter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Epidural steroid injections (ESIs) Page(s): 46.

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

**Decision rationale:** No, the proposed caudal epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question, as acknowledged by attending provider in his progress note of February 10, 2015, does represent a repeat or renewal request for epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work as of the date of the request, February 10, 2015. The applicant continued to report complaints of severe low back pain on that date. The applicant remained dependent on opioids agents such as Norco and Morphine. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injection therapy. Therefore, the request was not medically necessary.