

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0084714 |                              |            |
| <b>Date Assigned:</b> | 05/07/2015   | <b>Date of Injury:</b>       | 08/18/1992 |
| <b>Decision Date:</b> | 06/08/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/04/2015 |

### 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: Arizona, California

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 79 year old male, who sustained an industrial injury on 8/18/1992. He reported acute low back pain while reaching and twisting. Diagnoses include failed back surgery syndrome and lumbar radiculopathy. He is status post three prior lumbar surgeries. Treatments to date include medication therapy, physical therapy, home exercise and epidural steroid injections. Currently, he complained of low back pain with radicular symptoms. An epidural steroid injection administered three months prior was documented to have had 50% improvement in symptoms. On 3/26/15, the physical examination documented severe bilateral lumbosacral tenderness with decreased range of motion and positive bilateral straight leg raise tests. There was decreased sensation noted bilaterally in lower extremities. The plan of care included a caudal epidural injection under anesthesia with fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural injection, under anesthesia with X-rays/Fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, table 12-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant does have radiculopathy findings on exam. The claimant did obtain greater than 50% benefit from an injection 3 months prior . However, the claimant had received numerous injections in the past year and more were planned for the future. The ACOEM guidelines do not recommend ESI due to their short-term benefit. The caudal ESI request is not medically necessary.