

<b>Case Number:</b>	CM14-0162997		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/12/1999
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old female with an original date of injury of April 12, 1999. The injured workers primary diagnoses include chronic low back pain, lumbar facet arthropathy, and lumbosacral radiculopathy. The patient has had extensive conservative therapy and has a history of lumbar laminectomy surgery. The current disputed request was for an epidural steroid injection, which was requested in a progress note on date of service August 10, 2014. Subjectively the patient complained of low back pain radiating into both lower extremities in the thighs and lower legs. The patient is on an anti-inflammatory, topical Lidoderm, Percocet, and Voltaren topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 caudal epidural steroid injection at the L5-S1 level, under fluoroscopy and anesthesia, as outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no comprehensive summary of whether epidural steroid injections have been tried in the past. This patient has a remote injury and likely has undergone injection therapy previously. Although there is documentation of radicular pain symptoms, there is lack of discussion of previous interventional treatments and the outcome of such treatment. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.