

<b>Case Number:</b>	CM15-0102781		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/05/2001
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 71 year old male who reported an industrial injury on 9/5/2001. His diagnoses, and/or impressions, are noted to include: osteoarthritis of hip; hip pain; lumbosacral spondylosis without myelopathy and with neurogenic claudication; and lumbar spinal stenosis with degenerative disc disease. Recent x-rays of the bilateral hips were stated to have been done on 12/9/2014, showing mild right joint space narrowing, increased vascular calcification without fracture, and osteophytes; and recent magnetic imaging studies of the lumbar spine are noted on 3/23/2015. His treatments have included exercises; medication management; and rest from work. The progress notes of 4/23/2015 noted a return visit for complaints of lower back with symptoms of neurogenic claudication, to include inability to walk more than a block before pain in his lower back, buttocks, and right posterior thigh increases. Objective findings were noted to include that he was overweight; with normal gait; there was moderate, diffuse tenderness, and decreased range of motion, to the lumbar spine, right > left; diminished bilateral ankle and knee reflexes; and classic symptoms of neurogenic claudication, suspected at lumbar 4-5, or possibly thoracic 12 - lumbar 1. The physician's requests for treatments were noted to include an ultrasound-guided caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided Caudal Epidural Steroid Injection (between 4/23/15 and 7/17/15):**  
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:** The patient is a 71 year old male with an injury on 09/05/2001. He has degenerative disease of the hip and lumbar. He also has neurogenic claudication. He is overweight and has a normal gait. ACOEM guidelines note that epidural steroid injections do not provide long term pain relief and do not affect the clinical course of whether or not the patient will require surgery. He does not have lumbar radiculopathy and the requested epidural steroid injection is not medically necessary.