

<b>Case Number:</b>	CM15-0016412		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California  
 Certification(s)/Specialty: Internal 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 injured worker is a 47 year old male who sustained an industrial injury to his lower back while restraining a suspect on September 30, 2009. The injured worker was diagnosed with lumbago, post lumbar laminectomy syndrome, lumbar radiculopathy, chronic pain syndrome and depressive disorder. According to the primary treating physician's progress report on January 5, 2015, the injured worker was seen for his intrathecal pump refill of Morphine and Bupivacaine and reported worsening of his left sided back and leg pain. Current medications along with the pump medication are noted as Valium, Nortriptyline, Gabapentin, Omeprazole, Temazepam, Amlodipine and Desipramine. Treatment modalities consist of caudal epidural steroid injection (ESI) in August, 2014 with an 80% relief for 3 months, medication, physical therapy and home exercise program. The treating physician requested authorization for caudal epidural steroid injection (ESI) with sedation. On January 12, 2015 the Utilization Review denied certification for caudal epidural steroid injection (ESI) with sedation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection with sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Caudal epidural steroid injection was requested on 01-05-2015. The pain management report dated 01-05-2015 did not document physical examination findings of radiculopathy. Imaging studies were not documented. Electrodiagnostic testing were not documented. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request for a caudal epidural steroid injection is not supported. Therefore, the request for caudal epidural steroid injection is not medically necessary.