

<b>Case Number:</b>	CM15-0018944		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/16/1984
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on March 16, 1984. The diagnoses have included cervical degenerative disc disease (DDD), facet arthropathy and radiculopathy, lumbar radiculopathy and sprain/strain and sacroiliac joint dysfunction. A progress note dated January 13, 2015 provides the injured worker complains of back pain with radiculopathy. She reports therapy has helped with myofascial release of the cervical and lumbar spine. She has also had caudal epidural steroid injection in the past. On January 16, 2015 utilization review non-certified a request for caudal epidural injection under fluoroscopic guidance and anesthesia with X-ray. Application for independent medical review (IMR) is dated January 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Caudal epidural injection under fluoroscopic guidance and anesthesia with X-ray:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation National Guideline Clearinghouse

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The 1 Caudal epidural injection under fluoroscopic guidance and anesthesia with X-ray is not medically necessary and appropriate.