

<b>Case Number:</b>	CM15-0111027		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/13/2001
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 52 year old male, who sustained an industrial injury on 10/13/01. He reported pain in his lower back related to a trip and fall accident. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy and status post L4-L5 fusion. Treatment to date has included an EMG of the lower extremities on 3/25/15 with normal results, a lumbar epidural injection x 3, physical therapy and chiropractic treatments and acupuncture with benefit. The injured worker has taken Neurontin, Flexeril, Darvocet, Lidoderm patches, Vicodin and Soma. As of the PR2 dated 4/7/15, the injured worker reports pain in his neck and lower back. He rates his neck pain a 7-8/10 and his lower back pain an 8-9/10. Objective findings include decreased lumbar range of motion and mild tenderness to palpation. The treating physician gave the injured worker a prescription for Percocet at the visit. The treating physician requested a caudal epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, 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 the pain procedure for this chronic 2001 injury. Criteria for the epidurals have not been met or established. The Caudal epidural injection is not medically necessary and appropriate.