

<b>Case Number:</b>	CM15-0114384		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 56 year old male, who sustained an industrial injury on 11/25/08. He reported back pain. The injured worker was diagnosed as having herniated disc at L5-S1 level. Treatment to date has included MRI, CT scan, x-rays, surgical intervention, medication, epidural injection(s), electrodiagnostic study, psychotherapy, massage therapy, heat therapy and chiropractic therapy. Currently, the injured worker complains of low back pain that radiates to both legs. He also reports numbness and weakness with right leg greater than left. He reports experiencing sexual dysfunction, difficulty with sleep, bending, stooping, squatting, activities of daily living, as well as prolonged standing and walking. The injured worker ambulates with an altered gait and uses a cane. Current diagnoses is lumbar disc disorder with myelopathy and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. The injured worker is not working. A note dated 4/14/15 states spasm and tenderness in the paravertebral musculature of the lumbar spine and decreased range of motion is noted. There is also decreased sensation over L4, L5 and S1 dermatomes bilaterally with pain. This note also states the injured worker is a candidate for injections. The injured worker received three (3) injections prior to surgery, which were temporarily beneficial, per note dated 3/31/15. Chiropractic therapy is mentioned in a note dated 12/11/14; however documentation of efficacy is not included. Although temporary, the injured worker experiences some relief from stretching, massage and heat therapy. The injured worker has had two lumbar spine surgeries, but continues to experience pain. A caudal epidural steroid injection is being requested with a goal of decreasing the injured workers continued pain and discomfort.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection:** 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 Injection Page(s): 46.

**Decision rationale:** The patient is a 56 year old male with an injury on 11/25/2008. He had a hernia disc at L5-S1 and had surgery. Prior to the surgery, he had three epidural steroid injections. He continues to have low back pain radiating to both legs with weakness in the right leg greater than the left. As noted above the previous three epidural steroid injections did not prevent surgery. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long-term pain relief. They can provide short-term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. However, the injury was in 2008. There is no documentation that repeat epidural steroid injections alter the long-term functional outcome of the patient's condition. There is no long-term benefit from epidural steroid injections and they are not medically necessary for this patient.