

<b>Case Number:</b>	CM15-0115601		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	07/28/2015	<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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old male, who sustained an industrial injury on October 30, 2008, incurring right wrist and left knee injuries after a trip and fall. Diagnostic imaging revealed a displaced fracture of the distal radius. Treatment included splinting, pain medications, anti-inflammatory drugs, lumbar epidural injections, caudal epidural injections, and a surgical closed reduction with percutaneous pin fixation with casting and postoperative physical therapy. Knee x rays were unremarkable. He underwent knee Synvisc injections. Ultrasound and Doppler studies of the lower extremities were negative. In 2012, a right shoulder Arthrogram was consistent with adhesive capsulitis. In 2013, the injured worker underwent rotator cuff repair. Currently, the injured worker complained of chronic low back pain and was diagnosed with degenerative disc disease with radiculitis. The treatment plan that was requested for authorization included a lumbosacral spine steroid caudal epidural injection with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection- steroid caudal epidural with ultrasound guidance, for the lumbosacral spine quantity: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

**Decision rationale:** Regarding the request for caudal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Caudal epidural steroid injection is not medically necessary.