

<b>Case Number:</b>	CM15-0121929		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 5/21/08. Diagnoses are hip pain, lumbar postlaminectomy syndrome, lumbar radiculopathy, and degenerative disc disease- lumbar spine. In a progress report dated 6/5/15, the physician notes the current medication regimen continues to be helpful in increasing daily function without causing intolerable side effects. Pain is worse with walking on concrete daily at his job. Pain is in the bilateral legs, buttocks, hips, and low back and is described as sharp, aching, cramping, shooting, and burning. It is worsening since the last visit. Average pain is rated at 6/10 and at 7/10 at its worst. The physical examination of the low back revealed positive SLR. Medications are Morphine Sulfate, Norco, and Tizanidine. Previous treatment includes at least 24 physical therapy sessions, medial branch block, non-steroidal anti-inflammatory medication, and Opioids. The requested treatment is a caudal epidural steroid injection under fluoroscopy and monitored sedation (caudal epidural steroid injection). Patient sustained the injury when he was stepping out of his truck and twisted his back. The patient has had MRI of the lumbar spine on 5/12/2009 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes. Patient had received two ESI on 12/15/14 and 6/30/14 for this injury. Any surgical or procedure note related to this injury were not specified in the records provided. The patient's surgical history include L5-S1 fusion on 10/2011. Patient has received 24 PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection under Fluoroscopy: Upheld**

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

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

**Decision rationale:** Request: Caudal Epidural Steroid Injection under Fluoroscopy. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received 24 PT visits for this injury. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received two ESIs on 12/15/14 and 6/30/14 for this injury. A surgical or procedure note related to this injury were not specified in the records provided. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Evidence of associated reduction of medication use after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Caudal Epidural Steroid Injection under Fluoroscopy is not fully established for this patient.

**Monitored Sedation (Caudal Epidural Steroid Injection): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Epidural Steroid Injections.

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

**Decision rationale:** Monitored Sedation (Caudal Epidural Steroid Injection). The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received 24 PT visits for this injury. Conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the ESI. As stated above, ESI alone offers no significant long-term functional benefit. Patient had received two ESIs on 12/15/14 and 6/30/14 for this injury. A surgical or procedure note related to this injury were not specified in the records provided. Per the cited guidelines, "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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Evidence of associated reduction of medication use after the previous ESI, was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of lumbar ESI is not fully established hence the request for Monitored Sedation (Caudal Epidural Steroid Injection) is also not medically necessary and appropriate for this patient. With this, it is deemed that the medical necessity of request for Monitored Sedation (Caudal Epidural Steroid Injection) is not fully established for this patient.