

<b>Case Number:</b>	CM15-0170800		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	09/28/1992
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Emergency 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 54 year old male, who sustained an industrial injury on 9-28-1992. The current diagnoses are chronic back pain with failed intrathecal pump, lumbar radiculopathy, and failed back surgery syndrome. According to the progress report dated 6-12-2015, the injured worker complains of worsening lower back pain with radiation into the back of his bilateral lower extremities, right greater than left. The pain is described as sharp, shooting, and aching in nature. He notes that his pain is severe to where it is affecting his activities of daily living and he has a lot of difficulty walking, even with a walker. He rates his pain 10 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals restricted and painful range of motion, bilateral paraspinal tenderness, spasm, and decreased (4 out of 5) muscle strength throughout the bilateral lower extremities. The current medications are Oxycodone and Cymbalta. Treatment to date has included medication management, intrathecal pump (failed), and surgical intervention. Work status is not specified. A request for caudal epidural steroid injections and referral to neurosurgery for pump system exchange has been submitted. The original utilization review (8-13-2015) partially approved a request for 1 caudal epidural steroid injection (original request was for #3).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series Trial Caudal Steroid/ Epidural Steroid Injection (ESI) Blocks, Qty 3 (unspecified):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Documentation shows that prior ESI did not provide more than 30% improvement in pain and only lasted for 3 days which fails criteria. Guidelines also do not recommend a series of 3 injections. Caudal/Epidural Steroid injection series of 3 injections is not medically necessary.