Case Number:	CM15-0177372		
Date Assigned:	09/18/2015	**Date of Injury:**	07/25/2005
Decision Date:	11/09/2015	**UR Denial Date:**	08/24/2015
Priority:	Standard	**Application Received:**	09/09/2015

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: 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:

This is a 44 year old female patient who sustained an industrial injury 07-25-05. The diagnosis includes lumbar radiculopathy. Per the doctor's note dated 08-06-15, she had complains of significant back and leg pain, left greater than right at 7/10. The physical examination revealed marked decreased range of motion of the lumbar spine, mildly positive straight leg raising test on the left compare to the right, giveaway weakness of the lower extremities due to pain. The medications list includes amitiza, amitriptyline, baclofen, bystolic, crestor, dexilant, fluticasone nasal spray, HCTZ, hydrocodone-acetaminophen, morphine ER, polyethylene glycol and vascepa. She has had lumbar spine MRI on 8/6/2009; EMG/NCS dated 12/29/2005, which revealed chronic right L5 radiculopathy. She has undergone lumbar fusion surgery. Per the peer clinical review report dated 8/24/2015, she has had physical therapy, aquatic therapy, psychotherapy, epidural steroid injection, and lumbar medial branch block and radiofrequency ablation for this injury. The original utilization review (08-24-15) non-certified the request for a lumbar caudal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural steroid injection: 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: Lumbar 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. 7) In the therapeutic phase, 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." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by recent imaging studies and/or electrodiagnostic testing is 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. In addition, per the records provided, the patient has had an ESI in the past. Consistent evidence of 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 the previous lumbar ESI is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The request for Lumbar caudal epidural steroid injection is not medically necessary.