

<b>Case Number:</b>	CM15-0022202		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Internal 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 02/05/2008. Diagnoses include cervical herniated disc, cervical radiculopathy, and status post lumbar fusion. Treatment to date has included medications, epidural steroid injections, physical therapy, and acupuncture. A physician progress note dated 01/07/2015 documents the injured worker has ongoing neck pain with radiculopathy to both arms, and constant back pain radiating down to both legs. She has tenderness, spasms and decreased range of motion of the lumbar spine and tenderness, spasms, and scarring of the spine with decreased range of motion of the lumbar spine. Treatment requested is for Caudal Epidural Steroid Injection under Fluoroscopic Guidance. A physician progress note dated 12/03/2014 documents the injured worker has had a caudal epidural steroid injection and the last one had helped significantly. On 02/02/2015 Utilization Review non-certified the request for a Caudal Epidural Steroid injection Under Fluoroscopic Guidance, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### 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 Fluoroscopic Guidance: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The initial pain medicine report dated 1/5/15 documented a request for a caudal epidural steroid injection. The level of the caudal epidural steroid injection was not specified. The request for an epidural steroid injection, without specification of the level, cannot be endorsed. The reports of past imaging studies or electrodiagnostic tests were not presented in the 1/5/15 pain medicine report. Per MTUS, criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by imaging studies or electrodiagnostic testing. Therefore, the request for a caudal epidural steroid injection is not supported by MTUS guidelines. Therefore, the request for caudal epidural steroid injection is not medically necessary.