

<b>Case Number:</b>	CM15-0029098		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/09/1999
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Arizona, 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 57 year old male, who sustained an industrial injury on 1/9/1999. He reports a fall from a roof, injuring his lower back, neck and shoulder. Diagnoses include cervical strain, status post cervical laminectomy, lumbar disc disease with minimal disc bulging, interbody fusion prosthesis, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 2/2/2015 indicates the injured worker reported low back pain, left lower extremity pain, shoulder pain and neck pain. On 2/15/2015, Utilization Review non-certified the request for a caudal epidural steroid injection under fluoroscopic guidance, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Caudal epidural steroid injection under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 47.

**Decision rationale:** According to the MTUS guidelines, Criteria for the use of Epidural steroid injections: Note: 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. 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had undergone surgery and continued to have pain. There was inadequate relief after therapy and medications. There were physical findings of radiculopathy but was not corroborated by imaging or diagnostics. An MRI from 2013 did not indicate spinal stenosis or nerve root impingement and an EMG in 11/2014 did not show entrapment neuropathy or radiculopathy. Based on the criteria and clinical information provided, the request for an epidural injection is not medically necessary.