

<b>Case Number:</b>	CM15-0071009		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, North Carolina  
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 66 year old female who sustained a work related injury July 7, 2006. Past history included hypertension, asthma, thyroid condition, medication-induced gastritis, lumbar surgery x 2, right ankle surgery, and right hand surgery. According to a primary treating physician's progress report, dated March 23, 2015, the injured worker presented with complaints of chronic, often severe, intractable low back and bilateral lower extremity pain, rated 7/10, related to her history of post-laminectomy syndrome lumbar. The pain radiates to the left hip and bilateral legs/feet. She reports a 70-80% sustained functional improvement with periodic epidurals, with an 80% reduction in pain from the last caudal epidural steroid injection, 2/13/2014. She uses Dilaudid for pain. The pain score is 10/10 without medication and 2/10 with medication. Assessment included; intervertebral lumbar disc without myelopathy lumbar region; other acute reactions to stress; opioid type dependence unspecified abuse; encounter for therapeutic drug monitoring; lumbago; and thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment included a request for caudal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** ESIs are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injections can offer only short-term pain relief and should be used in conjunction with other modalities. There is little information on improved function. Review of the records submitted reveal that his patient has had 2 ESI over the past year. The request is for a third injection, which is outside the guidelines, which no longer support a series of three injections. While the patient experienced benefit from the previous injections, it was short-term and his complaints remain ongoing. Thus the request is not medically necessary.