

<b>Case Number:</b>	CM15-0090878		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Preventive Medicine, Occupational 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 37 year old male, who sustained an industrial injury on 1/17/2013. The current diagnoses are degeneration of the lumbar or lumbosacral intervertebral disc, lumbar disc displacement/herniation, nerve root compression of the lumbar spine, chronic pain syndrome, post laminectomy syndrome, and neuralgia, neuritis, and radiculitis (unspecified). According to the progress report dated 3/30/2015, the injured worker complains of sharp low back pain. The pain is starting to shoot down his left leg. The pain is rated 7.5-8/10 on a subjective pain scale. He notes that he was in a lot of pain this past weekend, and he had to go to the hospital. He was given a Demerol pain injection, which reduced the pain. The physical examination of the lumbar spine reveals severe bilateral tenderness at L2, L3, L4, L5, and sacrum. The left sacroiliac joint, iliolumbar, hip, thigh, knee, leg, and ankle demonstrated a severe degree of tenderness. There was severe tenderness found in the right sacroiliac joint and iliolumbar region as well. Lumbar range of motion is restricted and painful. Motor strength in the left lower extremity was 4/5. Per the treating physician, the injured worker is at high risk for suffering from permanent damages. The current medications are Norco, Ambien, Neurontin, and NSAIDs. Treatment to date has included medication management, MRI studies, physical therapy, pain injection, and surgical intervention. The plan of care includes 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 under fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Caudal epidural steroid injection under fluoroscopy is not medically necessary.