

<b>Case Number:</b>	CM14-0146503		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 03/23/2009 by an unspecified mechanism. The injured worker's treatment history included physical therapy, pain medications, lumbar laminectomy and foraminotomy for nerve root decompression at the L5-S1 level, psychological assessment, urine drug screen, and MRI studies. The injured worker was evaluated on 08/13/2014 and it was documented the injured worker complained of neck and low back pain. The physical examination revealed abnormal sensation to light touch and pinprick in C5, C6, C7, L4, L5, S1 and decreased lumbar and cervical range of motion. Diagnoses included C/S HNP and post op L/S HNP. The Request for Authorization dated 08/13/2014 was for Caudal Epidural Injection Times 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural injection x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter, criteria for the use of epidural injections

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Injured workers must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In addition, the provider stated the injured worker has undergone previous epidural steroid injections; however, previous outcome measures were not submitted for review. Given the above, the request for Caudal Epidural Injections Times 2 is not medically necessary.