

<b>Case Number:</b>	CM13-0009328		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/08/2004
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a female patient with the date of injury of December 8, 2004. A utilization review determination dated July 31, 2013 recommends non-certification of lumbar epidural steroid injection at L5-S1. The previous reviewing physician recommended non-certification of lumbar epidural steroid injection at L5-S1 due to lack of documentation of the effectiveness of a past lumbar epidural injection and a diagnostic report such as MRI or EMG/NCV confirming corroborated radiculopathy. A progress report dated May 6, 2013 identifies the patient states the epidural on 4/11/13 "continues to be effective in decreasing her pain and increasing her function". The patient complains of pain in lower back with radiation to right knee. Continues to utilize Tramadol PRN for pain. Physical examination identifies bilateral deltoid 4-/5, right triceps 4-/5 and left 4/5. Diagnoses state, "right L5-S1 disc herniation, bilateral L4-5 facet sclerosis, bilateral subacromial bursitis/right shoulder impingement syndrome, L4-5 and L5-S1 spondylosis, lumbar radiculopathy, C5-6, C6-7 spondylosis, s/p right knee arthroscopy, HTN, NIDDM, s/p shoulder arthroscopy". Treatment plan states "continue current TX plan."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective initial level P2P - Lumbar Epidural Steroid Injection at L5-S1, PR-2 dated 07/15/2013:** Upheld

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

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

**Decision rationale:** Regarding the request for repeat lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection at L5-S1 is not medically necessary.