

<b>Case Number:</b>	CM13-0016757		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Pain Management, and is licensed to practice in Texas. 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 patient is a 60 year old female who was injured on 1/18/2008. The diagnoses listed are low back pain, neck pain, headache, knee pain and shoulder pain. The past surgery history is significant for lumbar spine surgery in 2012, revision of back surgery secondary to infection and bilateral shoulder surgeries. The patient completed PT in 2013. The MRI of the lumbar spine was reported to be significant for degenerative disc disease. The past lumbar epidural steroid injection on June, 2013 provided 50-60% pain relief. There was no residual tenderness, motor deficit or objective findings of lumbar radiculopathy. A utilization review decision was rendered on 7/23/2013 recommending non certification of a repeat L3-L4, L4-L5 lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT L3- L4 AND L4- L5 EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to the MTUS Guidelines, the indications for a lumbar epidural steroid injection include a decrease in pain, increase in range of motion, and to avoid or delay surgery in patients that did not respond to conservative treatment with physical therapy and medications. The subjective and objective criteria establishing that the low back pain was caused by lumbar radiculopathy must be documented. The procedure can be repeated if there is documented reduction in pain of at least 50%, improvement in function and reduction in medication use. There is no documentation within the medical records provided for review of physical or radiological objective findings indicative of lumbar radiculopathy. There is no documentation of an increase in function or reduction in pain medication use following the earlier epidural steroid injection. Consequently, the request for a repeat L3-L4 and L4-L5 epidural steroid injection is not medically necessary and appropriate.