

<b>Case Number:</b>	CM13-0019491		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation, 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 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:

According to the records made available for review, this is a 25-year-old with a April 27, 2012 date of injury. At the time of request(July 22, 2013) for authorization for lumbar epidural steroid injection for right L5-S1 #2, there is documentation of subjective (lower back pain) and objective (tenderness to palpation bilaterally, increased muscle rigidity, numerous trigger points which were palpable and tender with taut bands throughout the lumbar paraspinal muscles, and muscle guarding with range of motion testing) findings, current diagnoses (lumbar spine myoligamentous injury with right lower extremity radicular symptoms), and treatment to date (chiropractic treatment, physiotherapy, medications, and lumbar epidural steroid injection at right L5-S1 on July 15, 2013). Medical report identifies that lumbar epidural steroid injection at right L5-S1 on July 15, 2013 provided 60% pain relief with low back and radicular symptoms to right leg; overall improved mobility and tolerance; and patient was able to sit and stand for longer periods of time. There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is no documentation of decreased need for pain medications following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION FOR RIGHT L5-S1#2: Upheld**

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

**MAXIMUS 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, epidural steroid injections (ESIs) California code of Regulations, Title 8, Section 9792.20

**Decision rationale:** Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous lumbar epidural steroid injection. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spine myoligamentous injury with right lower extremity radicular symptoms. In addition, there is documentation of a previous lumbar epidural steroid injection on July 15, 2013 with 60% pain relief with low back and radicular symptoms to right leg, as well as overall improved mobility and tolerance. However, given documentation of a July 15, 2013 date of initial injection, and a July 22, 2013 date of request for second epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is no documentation of decreased need for pain medications following previous injection. The request for lumbar epidural steroid injection for right L5-S1, quantity of 2, is not medically necessary.