

<b>Case Number:</b>	CM13-0023901		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 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:

The patient is a 53-year-old injured worker who reported an injury on February 10, 2012. The mechanism of injury was not documented; however, the patient has had ongoing complaints of back pain with radiating pain to the bilateral lower extremities. The patient received a lumbar epidural steroid injection on June 13, 2013 with a reported 100% relief that lasted for approximately 2 weeks before the pain slowly returned. On examination, there is paraspinal muscle spasm, decreased ranges of motion, and a positive straight leg raise bilaterally. An MRI examination on April 10, 2012, showed degenerative changes at the L4-5 and L5-S1 levels. An EMG/NCV testing performed in August of 2012 showed evidence of acute radiculopathy at L4, L5 and S1. The physician is now requesting a repeat epidural steroid injection at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second epidural injection at the level of L5-S1:** 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:** According to California MTUS Chronic Pain Medical Treatment Guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy). Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continue a home exercise program. The criteria for a repeat epidural steroid injection states 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation states that the previous epidural steroid injection did provide the patient with 100% pain relief for approximately 2 weeks; however, the documentation fails to provide evidence that the patient has decreased oral medication use after the epidural steroid injection. Furthermore, there is nothing indicating the patient will be utilizing another form of conservative modality in adjunct to the epidural steroid injection in question. The request for a second epidural injection at the level of L5-S1 is not medically necessary and appropriate.