

<b>Case Number:</b>	CM13-0024415		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	09/05/2013
<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 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, has a subspecialty in Interventional Spine Surgery 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:

The patient is a 57 year old with an injury date on 7/18/08. Patient complains of mainly right-sided lower back pain rated 8/10 that is aching, and worse with walking, bending, lifting, and sitting per 6/27/13 report. The patient states that H-wave and Lyrica continue to reduce pain and increase function, as well as the home exercise program per 6/27/13 report. Based on the 6/27/13 progress report provided by [REDACTED] the diagnoses are: 1. Lumbago 2. lumbar radiculitis 3. degeneration of lumbar or lumbosacral intervertebral disc 4. spinal stenosis, lumbar region, without neurogenic claudication 5. inguinal hernia without mention of obstruction or gangrene, unilateral or unspecified 6. chronic pain syndrome. An exam of lumbar spine on 6/27/13 showed 5/5 lower extremity strength on left, and 5-/5 on the right that appears to be due to apprehension of pain. The sensation is intact/equal and there is tenderness to palpation over paraspinals. Also there is slightly increased pain with flexion. Straight leg raise is negative. [REDACTED] is requesting Third interlaminar lumbar ESI at L5-S1. The utilization review determination being challenged is dated 7/8/13. [REDACTED] is the requesting provider, and he provided treatment reports from 3/12/13 to 3/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THIRD INTERLAMINAR LUMBAR ESI AT 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:** This patient presents with back pain. The provider has asked for a third interlaminar lumbar ESI at L5-S1 on 6/27/13. The 6/27/13 report shows patient had second epidural steroid injection 3 months ago, but was not as significant a reduction in pain as first one (which reduced pain 70-80% and allowed him to return to work full-time). Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the patient has shown significant improvement from first epidural steroid, but the most recent only giving less pain relief than first injection and minimal functional improvement. Due to a lack of improvement of 50% from prior injections as required by MTUS, another epidural steroid injection is not indicated at this time. In addition, there is no documentation of reduced medication usage from second injection. Recommendation is that of non-medical necessity.