

<b>Case Number:</b>	CM13-0028019		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Anesthesiology, Pain Medicine 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 injured worker is a 31-year-old female with a date of injury of 10/28/2012. Mechanism of injury was not noted in the documentation. The injured worker had diagnoses of cervical sprain, lumbar sprain, degenerative cervical disc, cervical spondylosis, disc degeneration, disc herniation in lumbar spine, lumbar/lower limbs, nonspecific, and facet arthropathy/hypertrophy. The injured worker was seen on 01/06/2014 for a follow-up appointment with continued complaints of cervical spine and lumbar spine. Lumbar spine pain was described as constant slight, intermittent moderate, and occasionally severe. The injured worker continued with chiropractic treatments once a week with moderate temporary relief. The injured worker was taking medication as prescribed. Upon physical examination, the physician stated range of motion for lumbar flexion 40 degrees, extension 15 degrees, left lateral flex 15 degrees, right lateral flex 15 degrees. There is pain with all ranges. Seated straight leg raise was negative bilaterally. Gross motor strength was intact and light touch sensation was intact. The physician's treatment plan included a request for diagnostic 1 to 2 diagnostic phase lumbar epidural steroid injections 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:

#### **DIAGNOSTIC 1 TO 2 DIAGNOSTIC PHASE LUMBAR EPIDURAL STEROID INJECTIONS AT L5-S1 LEVEL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distributions with corroborative findings of radiculopathy). It is noted criteria for 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 general recommendations of no more than 4 blocks per region, per year. The physician noted that the injured worker had a lumbar epidural steroid injection at L5-S1 on 09/25/2013. The injured worker reported 70% relief of her low back symptoms. The injured worker noted pain gradually returned close to pre-injection level. There was a lack of objective findings and documentation indicating how long the pain relief from injection lasted. Also, the request as submitted was for 1-2 injections and guideline would not support multiple injections without first knowing the response to the first injection. The request for diagnostic one to two diagnostic phase lumbar epidural steroid injections at the L5-S1 level are not medically necessary and appropriate.