

<b>Case Number:</b>	CM13-0045691		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pain Management and is licensed to practice in Minnesota. 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 51-year-old female who reported an injury on 01/06/2010 after being hit in the side of the neck and shoulder. The clinical note dated 09/30/2013 indicated diagnoses of spine strain, low back pain/myofascitis and strain overexertion with sudden movement. The injured worker reported low back pain and reported her symptoms worsened after she moved heavy gates. The injured worker reported using Voltaren gel but had occasional tingling in her left and right lower extremities, more on the left than the right. On physical exam, there was tenderness to the lumbar area, left greater than right, and "negative" straight leg raising to 70 degrees. The injured worker's prior treatment included a lumbar epidural steroid injection performed on 11/25/2013. The request for authorization for a lumbar epidural injection, qty 3 was submitted on 09/24/2013; however, a rationale was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Injection, Quantity 3:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, (ESIs), Page 46. Page(s).

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines do not support a "series-of- three-"injections in either the diagnostic or therapeutic phase. The guidelines also indicate 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There was lack of objective documented pain relief and functional improvement including at least 50% pain relief for six to eight weeks within the documentation. There was lack of documentation of medication reduction with the prior injection. There was lack of duration of pain relief documented. The request did not indicate whether the injections would be performed under fluoroscopy or not. In addition, the guidelines do not recommend "series-of-three" injections. Furthermore, the request did not provide the levels at which the injection were to be performed. Therefore, the request for Lumbar Epidural Injection, Quantity 3, is not medically necessary.