

<b>Case Number:</b>	CM13-0051577		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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:

This is a patient with a date of injury of 11/20/11. A utilization review determination dated 11/1/13 recommends non-certification of lumbar ESI. 10/7/14 medical report identifies low back pain to the bilateral legs and hips 7-8/10. Prior ESI on 9/9/13 "helped to restore ability to function to the low back" and helped reduce the patient's leg pain by "one quarter." On exam, there is positive SLR, heel walk is positive on the left. There is motor deficit of the EHL on the left, but this is not quantified. There is tenderness at the facets. The provider notes that the patient was to proceed with a second lumbar ESI and a lumbar facet joint block. 10/16/14 medical report noted that the patient underwent a second diagnostic lumbar epidural steroid injection and a lumbar facet joint block. A first therapeutic lumbar ESI was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1st Therapeutic Lumbar Epidural Steroid Injection at disc levels L4-L5 bilateral qty:2.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. ODG notes that it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Within the documentation available for review, the requesting physician has indicated that the patient had "one quarter" improvement in pain with the previous diagnostic epidural steroid injections and that it "helped to restore ability to function to the low back." The duration of relief is not noted. Furthermore, it is noted that these injections were performed concurrently with facet injections, which obviates the utility of the injections for diagnostic purposes since it is impossible to determine which procedure relieved the patient's pain. Given that and the limited relief from the injections, additional injections are not indicated. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.