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| <b>Case Number:</b>   | CM13-0055410 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/16/2012 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 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 10/16/12. A utilization review determination dated 11/13/13 recommends non-certification of LESI. 11/4/13 medical report identifies pain in the back with numbness the feet and weakness in the legs. On exam, there is positive SLR, decreased sensation in the feet, decreased strength in bilateral [illegible], decreased ankle reflexes, decreased back ROM. Prior ESI was said to provide 75% relief for greater than 6 weeks. 3/12/13 medical reports that the patient underwent ESI (2/6/13) with 95-100% relief for the first 1-2 weeks, but this dissipated quickly and his back pain returned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LUMBAR EPIDURAL STEROID INJECTION RIGHT L4, S1 AND LEFT L5.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection right L4, S1 and Left L5, CA MTUS 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. 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting radiculopathy in any specific nerve root distribution(s). Additionally, while the provider noted that the prior ESI gave 75% relief for greater than 6 weeks, the medical reports following the injection note that the patient had 95-100% relief for the first 1-2 weeks, but this dissipated quickly and his back pain returned. There was also no documentation of associated objective functional improvement and reduction of medication use. In light of the above issues, the currently requested lumbar epidural steroid injection right L4, S1 and left L5 is not medically necessary.