

<b>Case Number:</b>	CM13-0061135		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Occupational 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 patient is a 57 year old male with chronic low back pain, date of injury was 8/12/10. He has a history of being provided facet blocks (diagnostic and therapeutic) with reported good success. He also has a history of lumbar epidural injections, but the documentation available for review fails to detail its benefits over time. He does have positive electrodiagnostics for a right radiculopathy and pain in the right lower posterior leg; however, the current exam reveals no neurological deficits. The request is for both facet medical branch blocks (L4-5 and L5-S1) and a right transforaminal epidural (L5-S1). The facet medical branch blocks were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L5-S1:**  
Upheld

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

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

**Decision rationale:** Per MTUS chronic pain guidelines, there are highly specific criteria to be met prior to repeat injections. There is scant documentation of the length and extent of the prior benefits and there is no documentation that there was diminished needs for medications as a result of the epidural. ODG provides additional recommendations that both facet blocks and epidural injections should not be performed close proximity time wise, as one should evaluate the success of one type of injection prior to moving on to other invasive procedures. There is no documentation of when the injections were planned in relationship to each other. If the facet block worked well, then an epidural injection may not be necessary. The medical necessity of the epidural injection is not established at this time.