

<b>Case Number:</b>	CM13-0066186		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/24/1998
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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, 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:

The patient is an employee of [REDACTED] and has submitted a claim for degenerative disk disease and herniated nucleus pulposus associated with an industrial injury date of August 24, 1998. The treatment to date has included multiple epidural steroid injections to the lower back. A utilization review from November 26, 2013 denied the request for epidural steroid injection, lumbar spine. Medical records from 2012 and 2013 were reviewed showing the patient receiving multiple epidural steroid injections every 6-8 months. The patient has been complaining of low back pain which travels to the buttocks and legs. Physical examination demonstrated decreased range of motion for the lower back with no other accompanying nerve related signs. There was also tenderness over the low back area. The last epidural steroid injection was administered on January 29, 2013; objective pain relief and functional gains were not documented in the progress notes following this procedure

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** As stated in the ACOEM low back chapter page 300 and California MTUS chronic pain medical treatment guidelines page 46, epidural injections are not supported in the absence of an objective radiculopathy and repeat blocks should be based on continued objective documented pain and functional improvement with at least 50% pain relief and associated reduction of medication use. The progress notes after the January 2013 epidural injection did not specify objective evidence of nerve root compromise or objective measures of pain relief, functional improvement, and associated reduction in medication intake. The specific level for the injection was also not indicated. Therefore, the request is not medically necessary