

<b>Case Number:</b>	CM13-0066350		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	12/03/2013
<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:

According to the records made available for review, this is a 43-year-old male with an 8/11/11 date of injury. At the time of request for authorization for lumbar epidural steroid injection, L5-S1, under Fluoroscopy, there is documentation of subjective (low back pain with radiation into the bilateral lower extremities) and objective (decreased strength to the lower extremities within the L5-S1 dermatome) findings, current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, and lumbar stenosis), and treatment to date (activity modification, epidural steroid injection, and medications). Report indicates that the patient received a lumbar epidural steroid injection, L5-S1 under fluoroscopy on 7/3/13 with overall improvement of 50-80 percent including functional improvement and improved mobility for about 3 weeks. There is no documentation of 50-70% pain relief for six to eight weeks and decreased need for pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION, L5-S1, UNDER FLUOROSCOPY:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery, as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar stenosis. In addition, there is documentation of at least 50-70% pain relief and functional response. However, given documentation of 50-80% pain relief for 3 weeks, there is no documentation of 50-70% pain relief for six to eight weeks. In addition, there is no documentation of decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection, L5-S1, under Fluoroscopy is not medically necessary.