

<b>Case Number:</b>	CM13-0071126		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Florida. 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 32-year-old female who reported an injury on 09/28/2009. The mechanism of injury was not provided. The documentation of 11/22/2013 revealed the patient had complaints of increased back pain radiating down her left lower leg passing the knee, down to the foot. The patient had prior lumbar epidural steroid injections which were noted to have helped. The documentation further states the patient had a Qualified Medical Evaluation in 10/2013 that approved her for a series of 3 lumbar epidural steroid injections. The patient's physical examination revealed a positive straight leg raise on the left at 60 degrees. The patient's motor strength, sensation, and deep tendon reflexes were noted to be intact. The treatment plan included as the patient had very good relief from lumbar epidural steroid injections in the past the patient reported that the [REDACTED] approved her for a series of 3 interlaminar epidural steroid injections. The patient's diagnoses include lumbar spine radiculopathy and herniation of a lumbar disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL INJECTION L4-5 UNDER FLUOROSCOPY AND ANESTHESIA X3: Upheld**

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

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

**Decision rationale:** California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Injections should be performed using fluoroscopy. The current research does not support a series of 3 injections in either the diagnostic or therapeutic phase and therefore, no more than 2 ESIs are recommended. The patient had a straight leg raise, but documentation failed to indicate if the patient had radiating pain with the test. There was a lack of documentation indicating the patient had decreased motor strength or sensation, or deep tendon reflexes to support the diagnosis of radiculopathy. The clinical documentation submitted for review failed to provide documentation of the above criteria in relation to pain, functional improvement and reduction of medications. The request was excessive as there can be no secondary or third injections without documentation of the patient objective response to the prior injections. Given the above, the request for lumbar epidural injection L4-5 under fluoroscopy and anesthesia times 3 is not medically necessary.