

<b>Case Number:</b>	CM14-0001337		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 had a work injury to his lower back on 5/6/09. His diagnoses include failed back surgery (L4-S1 fusion in 2010), lumbar radiculopathy. There is a request for second epidural steroid injection at L4-L5 and L5-S1. An 11/14/13 office visit document reveals that the patient had a caudal epidural steroid injection on 9/10/13 but still complains of constant pain going down into both legs, right more than left which described as pins-needle, numbness and tingling nature. On examination palpation revealed no areas of tenderness or spasms from L1 to sacrum bilaterally. There was decreased lumbar range of motion. The straight leg raise was positive on the right. The Patrick sign was positive on the right. Sensation was intact to light touch, pinprick and two point discrimination in all dermatomes in the bilateral lower extremities. Motor strength was 4/5 in the right lower extremity. There is a treatment plan to obtain authorization for second epidural steroid injection. A 10/7/13 physician progress report states that the patient did state that after the first injection he did feel better with the back and pain in lower limb but then it again started coming back. A 10/3/13 office visit document states that the patient is status post caudal epidural steroid injection that was performed on 09/10/13. The patient reports that it helped for several weeks. The pain is starting to come back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SECOND EPIDURAL STEROID INJECTION L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** Per the MTUS Chronic Pain Treatment guidelines in the therapeutic phase, 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. The documentation does not indicate that patient has had 6-8 weeks of benefit after his first injection. The request for a second epidural at L4-5 and L5-S1 is not medically necessary and appropriate.