

<b>Case Number:</b>	CM14-0106681		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation 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:

This is a patient with a date of injury of 2/25/10. A utilization review determination dated 6/11/14 recommends non-certification of transforaminal lumbar ESI and epidurogram x 2. 6/19/14 medical report identifies that the patient has undergone three lumbar ESIs and they helped for approximately six months. Currently, there is low back pain radiating down the RLE with numbness and tingling. ESI from March 2014 provided 60% pain relief, which has now returned to baseline. On exam, there is tenderness, limited ROM, decreased sensation RLE in "an L5-S1 dermatomal distribution," and positive SLR on the right at 50 degrees. The patient was seen 2 months after the last ESI and reported 60% pain relief along with the ability to walk up and down stairs better with less pain as well as walk her dogs better. A series of 2 lumbar ESIs in the past gave longer lasting relief. .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 2 Right Transforaminal Lumbar Epidural Steroid Injection (ESI ) at L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** Regarding the request for series of 2 lumbar epidural steroid injections, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. A series of injections is not supported. Within the documentation available for review, there is reported pain relief and functional improvement after prior injection, although reduction of medication use is not noted. Furthermore, a series of injections is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested series of 2 lumbar epidural steroid injections are not medically necessary.

**Lumbar Epidurogram x2, Fluoroscopic guidance, Contrast dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for lumbar epidurogram x 2, as the series of 2 lumbar epidural steroid injections are not medically necessary, the currently requested lumbar epidurogram x 2 is not medically necessary.