

<b>Case Number:</b>	CM14-0016755		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

According to the records made available for review, this is a 57-year-old male with a 7/11/13 date of injury. At the time (12/2/13) of request for authorization for L5-S1 lumbar epidural steroid injection under fluoroscopy, there is documentation of subjective (left buttock and radicular pain) and objective (tenderness in the bilateral paraspinal and interspinous ligaments as well as the lower lumbar levels, positive facet loading, and positive Patrick's test) findings. The current diagnoses include low back pain and radiculitis. The treatment to date includes physical therapy and lumbar epidural steroid injection. The medical report identifies that the patient had a lumbar epidural steroid injection previously, which resolved the pain in his left buttock and his radicular pain. There is no documentation of at least 50-70% pain relief for six to eight (6-8) weeks, as well as decreased need for pain medications, and functional response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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, Epidural Steroid Injections (ESIs).

**Decision rationale:** The MTUS/ACOEM Guidelines identify documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines identify documentation of at least 50-70% pain relief for six to eight (6-8) weeks, with a general recommendation of no more than four (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 low back pain and radiculitis. In addition, there is documentation of a recommendation for a repeat lumbar epidural steroid injection at L5-S1. However, despite documentation of a previous lumbar epidural steroid injection, which resolved the pain in his left buttock and his radicular pain, there is no documentation of at least 50-70% pain relief for six to eight (6-8) weeks, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 lumbar epidural steroid injection under fluoroscopy is not medically necessary.