

<b>Case Number:</b>	CM14-0123537		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 50-year-old presenting with chronic pain following a work related injury on July 14, 2000 as well as September 28, 2005. The claimant complained of lower back pain, right lower extremity pain, left lower extremity pain, left knee pain, constant lower back pain, continuously radiating into bilateral lower extremity anteriorly. The physical exam showed tenderness at the lumbar spine, decreased sensation at the left lower extremity. The claimant was diagnosed with lumbar radiculitis. The claimant's medications include Aciphex, Oxycontin, Lyrica and Cyclobenzaprine. The claimant has tried lumbar medial branch blocks and radiofrequency. A claim was placed for a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 47.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and

thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam does not corroborate lumbar radiculitis for which the procedure was requested. The claimant did not exhibit neurological deficit or irritation for example, a straight leg raise; therefore, the request for an LESI is not medically necessary or appropriate.