

<b>Case Number:</b>	CM14-0169792		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/11/2000
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 59 year old male with a date of injury on 2/11/2000. The injured worker has chronic low back pain with ongoing left lower extremity radicular symptoms. There are notes from 1/14 indicating that the injured worker had prior epidural steroid injections to treat his pain that led to significant reduction in pain and improvement in function. The treating physician notes that with the effects of the injection, the injured worker stopped using narcotic analgesics for months. When the effects of the injection wear off, he needs another shot. An epidural injection was given on 4/3/14, and a comment was made that the prior injection was about 5 months before that. On 6/12/14, however, two months post injection, the injured worker was complaining of an increase in back and leg pain and was requesting another injection. It does not appear that such an injection was again provided and the formal request for another injection was denied in 10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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

**Decision rationale:** The injured worker has a long documented history of lumbar pathology with disc disease that has led to long term low back pain with left leg radicular symptoms. The injured worker has had documented favorable outcomes in terms of increase in function with the injections (and very poor function without the injections) and less pain. This appears to be a successful treatment modality for this injured worker for months if not several years. The request for a repeat lumbar epidural injection is medically warranted and appropriate and is medically necessary.