

<b>Case Number:</b>	CM14-0170450		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old male with a date of injury of 09/16/2013. The listed diagnoses per [REDACTED] are: 1. Lower spine sprain/strain with HNP. 2. Lumbar radiculopathy. 3. Lumbar discogenic pain. According to progress report 06/16/2014, the patient had an epidural injection on 06/03/2014 and continues with lumbar pain that occasionally radiates to the legs. Objective findings notes "decreased ROM C-spine with less TTP." There is no examination of the lumbar spine. Report 08/11/2014 noted that the patient has occasional low back pain rated as 07/10 with decreased range of motion. The treater states that the patient continues to have 50% improvement from LESI from 06/03/2014. Report 09/15/2014 states that the patient has "on and off" low back pain. The treater requests a repeat LESI to the L4-L5 level bilaterally. Utilization review denied the request on 09/25/2014. Treatment reports from 01/15/2014 through 09/15/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral LESI's L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

**Decision rationale:** In this case, the patient had an ESI from 6/3/14 but there is no documentation of pain relief lasting at least 6 to 8 weeks. There is no indication that the patient's functional level is improved with less reliance on medications. Progress report indicates that the patient continues with medications Voltaren and Tramadol before and after the injections. The treater has noted that the patient continues with 50% improvement from LESI on 06/03/2014, but progress report immediately following the injection states that the patient continues with low back pain that radiates into the legs. MTUS require documentation of pain and functional improvement for repeat injections. The request is not medically necessary.