

<b>Case Number:</b>	CM14-0179558		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 43-year-old male with a date of injury of 04/13/2011. According to progress report 09/22/2014, the patient presents with chronic low back pain. The patient reports that the pain is 70% better for the first week after the last epidural injection. However, within 2 weeks, his pain did worsen. The treater would like to repeat the lumbar epidural steroid injection and start patient on physical therapy. Physical examination revealed pain with lumbar axial loading, right greater than left, and pain with lumbar extension and rotation. There was trace weakness in the right L5-S1 myotome. Neurological examination revealed paresthesia in the bilateral posterior thighs and lateral legs with toe raise. Straight leg raise is negative. The listed diagnoses are: 1. Displacement, disk NOS (not otherwise specified) without myelopathy. 2. Stenosis, lumbar spine, no neural claudication. The request is for lumbar epidural injection x3 at L5 to S1. Utilization review denied the request on 10/03/2014. Treatment reports from 01/30/2014 through 10/30/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection x 3 at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)

Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for lumbar epidural steroid injection x3 at L5 to S1. The MTUS Guidelines has the following regarding epidural steroid injection under the chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injection during therapeutic phase, "Continue objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with the general recommendation of no more than 4 blocks per year." Prior epidural steroid injection operative reports were not provided for review and it is unclear when the initial ESI was performed. In this case, the treater states the patient received 1 week of pain relief from prior injection. MTUS recommends for repeat injections, documentation of functional improvement, medication reduction, and relief for 6 to 8 weeks. Furthermore, MTUS does not support "series" of epidural injections. The request is not medically necessary.