

<b>Case Number:</b>	CM14-0181196		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 62 year old with an injury date on 5/3/09. Patient complains of worsening pain in the head radiating to both arms, and pain in the lower lumbar radiating to both legs per 10/2/14 report. The pain is associated with numbness/tingling in the hands and feet, and there is also weakness in the hands per 10/2/14 report. The neck pain is 90% of his pain, the arm pain is 70% of his pain, the back pain is 90% of his pain, and leg pain is 40% of his pain per 10/2/14 report. Based on the 10/2/14 progress report provided, the diagnoses are whiplash injury to the neck, lumbosacral radiculitis and cervical radiculitis. Exam on 10/2/14 showed "C-spine range of motion is full. L-spine range of motion is full. Positive straight leg raise bilaterally. Diminished sensation in the bilateral L4 and L5 dermatomes of lower extremities." Patient's treatment history includes a prior epidural steroid injection on 10/29/13 at L4-5 with 0% reduction of pain, chiropractic (helpful per 6/30/14 report) and medications (Tramadol, Norco as of 7/3/14). The provider is requesting lumbar epidural steroid injection at L4-5. The utilization review determination being challenged is dated 10/16/14. Treatment reports from 4/9/14 to 10/10/14 are provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-5: Upheld**

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

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

**Decision rationale:** This patient presents with pain in the head, bilateral arm pain, lower back pain, bilateral leg pain, bilateral hand pain, and bilateral foot pain. The treater has asked for lumbar epidural steroid injection at L4-5 on 10/2/14. A prior epidural steroid injection at L4-5 from 10/29/13 reported 0% reduction of pain, and the only change patient noticed was being able to walk 15 minutes before stopping due to leg back pain per 5/12/14 report. The 10/2/14 report states patient can currently walk "two blocks" before having to stop due to pain. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, a prior epidural steroid injection from a year earlier did not provide significant relief of 50% as per MTUS guidelines for repeat injections. The requested repeat lumbar epidural steroid injection to L4-5 is not indicated at this time.