Case Number:	CM14-0186121		
Date Assigned:	11/14/2014	**Date of Injury:**	12/09/2003
Decision Date:	12/22/2014	**UR Denial Date:**	10/10/2014
Priority:	Standard	**Application Received:**	11/07/2014

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 Internal Medicine 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 an injured worker with a history of lumbosacral injury. The patient sustained an injury on 12-09-2003 when he fell from a ladder. He was diagnosed with lumbar spine sprain and strain with radiculopathy. The patient is status post two-level lumbar fusion surgery. He was previously treated with medications and (PT) physical therapy. Diagnosis was lumbar spine sprain and strain with radiculopathy. There is MRI magnetic resonance imaging evidence of foraminal narrowing at L4-5, L5-S1, and right laminotomy defect at L4-L5 and disk extrusion at Ll-L2 extending to mid L2. The progress report dated 5/29/14 documented a request for a second lumbar epidural steroid injection at the L5-S1 level. The patient reported that the first epidural helped 30-40%, but his pain is back to baseline. The progress report dated 9/15/14 documented a request for a second lumbar epidural steroid injection at the L5-S1 level. The patient reported that the first epidural helped 30-40%, but his pain is back to baseline. Primary treating physician's orthopedic evaluation dated 9/24/14 documented subjective complaints of intermittent moderate pain in the lumbar spine. He reports he has mild improvement with medications but after a few hours the medications wear off and pain continues. He reports pain into both legs down to the feet. He reports of taking Tramadol twice a day and Naproxen twice a day for pain which provides temporary relief lasting for few hours. Objective findings were documented. Examination of the lumbar spine reveals tenderness to palpation at the levels of L5-S1 bilaterally as well as the paravertebral musculature. There is a positive straight leg raising test on the left. There is restricted range of motion due to complaints of discomfort and pain. There are muscle spasms noted. Examination of the right knee reveals no tenderness to palpation. There is decreased quadriceps strength 4/5. There is no joint laxity. In regards to the left knee, there is tenderness to palpation over the medial joint line. There is no joint laxity. There is decreased quadriceps strength 4/5. Lumbar epidural steroid injection at the L5-S1 level was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at the L5-S1 level between 10/7/2014 and 11/21/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of Cortisone and Lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. 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 six to eight weeks. Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of Cortisone and Lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. 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 six to eight weeks. The progress report dated 5/29/14 documented a request for a second lumbar epidural steroid injection at the L5-S1 level. The patient reported that the first epidural helped 30-40%, but his pain is back to baseline. The progress report dated 9/15/14 documented a request for a second lumbar epidural steroid injection at the L5-S1 level. The patient reported that the first epidural helped 30-40%, but his pain is back to baseline. Medical records indicate that the first epidural steroid injection provided transient relief of 30-40%. MTUS requires over 50% improvement for a prolonged period of six to eight weeks. Because the first epidural steroid injection produced an inadequate

response, the request for a second lumbar epidural steroid injection is not supported.Therefore, the request for 1 lumbar epidural steroid injection at the L5-S1 level between 10/7/2014 and 11/21/2014 is not medically necessary.