

<b>Case Number:</b>	CM14-0021822		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/26/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Pain Management 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:

Regarding the request for RIGHT LUMBAR SPINE TRANSFORAMINAL EPIDURAL INJECTION, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy and continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least six weeks from the most recent injection. In the absence of such documentation, the currently requested RIGHT LUMBAR SPINE TRANSFORAMINAL EPIDURAL INJECTION at L5-S1 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT LUMBAR SPINE TRANSFORAMINAL EPIDURAL INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for RIGHT LUMBAR SPINE TRANSFORAMINAL EPIDURAL INJECTION, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy and continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least six weeks from the most recent injection. In the absence of such documentation, the currently requested RIGHT LUMBAR SPINE TRANSFORAMINAL EPIDURAL INJECTION at L5-S1 is not medically necessary.