

<b>Case Number:</b>	CM14-0028800		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Occupational 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 a 53 year old female with a date of injury of 9/8/03. She developed low back pain with an associated S1 radiculopathy. She subsequently has undergone two spinal surgeries and has developed a post laminectomy syndrome with bilateral S1 neuropathic pain. Electrodiagnostic studies are consistent with this diagnosis. Post operatively, she has undergone several L5-S1 epidural injections with reports of improvement. The length of reported benefits have diminished over time with the latest report stating that some improvement was experienced for one month. There has been no corresponding diminished use of analgesic medications associated with the epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION (ESI) AT THE L5-S1 LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

**Decision rationale:** The MTUS guidelines are very specific regarding the recommendations for repeat epidural injections. Due to the very common placebo effect associated with this type of procedure, it is recommended that a corresponding diminished use of pain medications be demonstrated to justify repeat injections. In addition, there needs to be at least a 50% improvement in pain that lasts for a minimum of 6-8 weeks. The request for a repeat injection does not meet guideline recommendations based on two issues: the length of reported benefits does not meet criteria for a repeat injection and there has been no corresponding diminished use of pain medications. Per MTUS Chronic Pain Guidelines the procedure is not medically necessary.