

<b>Case Number:</b>	CM14-0032490		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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:

This is a patient with a date of injury of 5/7/13. A utilization review determination dated 1/28/14 recommends non-certification of L4-5 and L5-S1 lumbar ESI and bilateral lumbar facet joint block injections at L3-4, L4-5, and L5-S1. It noted that the patient underwent 2 prior ESIs with no significant pain relief or functional improvement noted. 1/14/14 medical report identifies low back and bilateral leg pain to the feet 8/10 with frequent numbness, tingling, and weakness. Medication reduces pain to 7/10. The note states that the patient underwent a second diagnostic lumbar ESI on 10/31/13 with no change in level of pain before and after the procedure with no restoration of the ability to function or perform ADLs. On exam, there is a severe limping gait. Sensation was reported as abnormal from L1 through S2. Despite the previous documentation of no significant pain relief from prior ESIs, the provider noted that diagnostic ESI provided decreased pain within 5 days as well as unspecified functional improvement. Recommendations included a therapeutic ESI and facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 AND L5-S1 LUMBAR EPIDURAL INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections.

**Decision rationale:** Regarding the request for L4-5 and L5-S1 Lumbar Epidural Injections, 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 is documentation of two prior ESIs, but no documentation of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least six weeks. In the absence of such documentation, the currently requested L4-5 and L5-S1 Lumbar Epidural Injections is not medically necessary.