

<b>Case Number:</b>	CM14-0067442		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 37 year old male with a date of injury on 6/19/2011. Subjective complaints are of back pain that had some improvement with a steroid injection. Physical exam showed localized lumbar tenderness with limited straight leg raise. Records indicate that the patient has had two epidural steroid injections on 1/8/14 and on 4/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or

the need for surgery and do not provide long-term pain relief beyond 3 months. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient has had two previous injections for which documentation did not identify objective pain relief or functional improvement. Since this patient did not have documented efficacy of prior injections there is no clear rationale that a repeat injection would be a long-term benefit. For these reasons, the medical necessity of a repeat ESI has not been established at this time.