

<b>Case Number:</b>	CM14-0073469		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/11/1997
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 2/11/97. A utilization review determination dated 4/22/14 recommends modification of interlaminar ESI from 3 injections (1 each at L4, L5, and S1 nerve roots) to 1 injection. It referenced a 3/11/14 medical report identifying 4/10 low back pain with radiating to the RLE. Transforaminal ESI on 12/11/13 was said to decrease pain to 2-3/10 and decrease leg symptoms by 40-50%. Numbness in the right leg was returning. On exam, there was decreased ROM, decreased sensation right L3, L5, and S1 dermatomes, 4+/5 strength throughout the BLE, positive SLR bilaterally at 70 degrees with radiating symptoms to the mid calf, and a positive facet challenge test bilaterally in the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) Interlaminar Epidural Steroid Injections (1 each at L4, L5 and S1 Nerve Roots):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of Epidural steroid injections.

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

**Decision rationale:** Regarding the request for Three (3) Interlaminar Epidural Steroid Injections (1 each at L4, L5 and S1 Nerve Roots), 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level should be injected at one session. 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, the patient underwent prior transforaminal ESIs with pain relief, but no indication of significant functional improvement and reduced medication usage. Additionally, interlaminar injection at more than one level is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Three (3) Interlaminar Epidural Steroid Injections (1 each at L4, L5 and S1 Nerve Roots) is not medically necessary.