

<b>Case Number:</b>	CM14-0081385		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 injured worker is a 55-year-old female patient with a 5/7/01 date of injury. The mechanism of injury was not provided. A procedure report dated on 1/10/14 indicated that the patient had a history of multiple pain disorder. It was noted that she previously had an epidural steroid injection, with a relatively good response. She reported being significantly disabled secondary to lumbar radiculopathy, more pronounced on the right than in the left with muscle weakness, tingling, and decrease in sensation and numbness on a frequent basis. Physical exam revealed weakness over the right lower extremity when she walked on her tip toes and heels. There was sacroiliac joint and piriformis compartment tenderness mostly on the right side. Diagnostic Impression include Lumbar Radiculopathy. Treatment to date includes medication management, ESI (unknown date), physical therapy. There is documentation of a previous 5/15/14 adverse determination, based on the fact that the patient had disability for 13 years, and an ESI would unlikely provide benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective review of Spinal Epidural Steroid Injection (DOS 1/10/20140): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter, Epidural Steroid Injections, American Academy of Neurology, 2007.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines does not support epidural injections in the absence of objective radiculopathy. In addition, MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no official lumbar MRI report provided for review. It was noted that the patient had an epidural steroid injection previously with a relatively good response. However, there was no indication of when the patient had her previous ESI. The MTUS recommended repeat ESI if there is at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there was no indication how much pain relief she had from the prior ESI, or the duration of relief. Therefore, the retrospective request for Spinal Epidural Steroid Injection (DOS 1/10/2014) is not medically necessary and appropriate.