

<b>Case Number:</b>	CM14-0107269		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 75 year old male injured worker suffered an industrial injury on 07/02/2009. The diagnoses included lumbar herniated disc with radiculopathy, sprain and sciatica. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, epidural steroid injections and physical therapy. On 6/16/2014 the treating provider reported low back pain rated 7/10 and bilateral anterior and posterior leg pain with numbness, pins, and needles. On exam there was mild tenderness to the lumbar spine with restricted range of motion with positive straight leg raise on the left. The epidural injections afforded him 2 to 3 months of relief of pain. The treatment plan included Lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L5-S1, bilateral:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections at L5 - S1 bilaterally is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar HNP/pain/radiculopathy/sprain/sciatica. Request for authorization completed June 20, 2014. The progress note dated June 16, 2014 shows the injured worker has complaints of back and leg pain right greater than left. The injured worker received two prior lumbar epidural steroid injections. The treating provider states the injured worker received 2-3 months of relief. There is no percentage of pain relief nor is there documentation of reduction of medication use for 6 to 8 weeks. Neurologically, the treating provider documents decreased sensation to light touch and pinprick L5 bilaterally. MRI shows lumbar spinal stenosis at L3 - L4 and L4 - L5 with a moderate to large disk protrusion. Consequently, absent clinical documentation with objective functional improvement of prior lumbar epidural steroid injection with percentage pain relief and an associated reduction of medication use for 6 to 8 weeks, lumbar epidural steroid injections at L5 - S1 bilaterally is not medically necessary.