

<b>Case Number:</b>	CM14-0015406		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 9/16/13. He was seen by his primary treating physician on 1/9/14 for complaints of back pain. He was taking soma and tramadol for pain and remained on work restrictions. His exam showed a positive Kemp's and minor's sign. He had tenderness to palpation of the lumbosacral spine with spasms and limited range of motion and a positive right straight leg raise. His gait was normal. His diagnosis was lumbar spine sprain. He underwent lumbar epidural injection on 12/19/13 but did not receive any benefit. At issue in this review is the request for a second epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5-S1 Interlaminar 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 Page(s): 35.

**Decision rationale:** Per the guidelines, Epidural Spine Injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with

other rehab efforts, including continuing a home exercise program. There is little information on improved function. In this injured worker, the exam shows limited range of motion and pain with palpation and is suggestive of radicular pathology. There is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, and muscle relaxants. Additionally, the epidural injection has already been provided in the recent past with no improvement in symptoms. A second L5-S1 Interlaminar Epidural Steroid Injection (in question here) is not medically substantiated.