

<b>Case Number:</b>	CM14-0149493		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male, who sustained an industrial injury on 7/7/2013. He has reported back and knee pain following a fall. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar disc without myelopathy, and right knee pain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, and cold therapy. Currently, the IW complains of low back pain with radiation to tight leg. The provider documented significant improvement with epidural injection four weeks prior, but effects were wearing off. Objective findings from 8/11/14 documented decreased Range of Motion (ROM) of lumbar spine, right paraspinal tenderness, and positive straight leg test in right lower extremity. Plan of care included a repeat epidural injection. The evaluation from 7/24/14, documented 90% improvement in back symptoms following epidural steroid injection. On 9/5/2014 Utilization Review non-certified a Lumbar epidural steroid injection right L4-L5, noting the documentation failed to indicate a 50% improvement in symptoms for six weeks to support a repeat epidural steroid injection per guidelines. The MTUS Guidelines were cited. On 9/15/2014, the injured worker submitted an application for IMR for review of Lumbar epidural steroid injection right L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection Right L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** This patient presents with lower back pain, right leg pain. The treater has asked for LUMBAR EPIDURAL STEROID INJECTION RIGHT L4-5 on 8/11/14. An L-spine MRI of an unspecified date showed a L4-5 disc posterior bulge with narrowing of neural foramen per 5/1/14 report. The original MRI report was not included in the report. The patient underwent an epidural steroid injection on 7/14/14 with 90% improvement in his lower back pain and radiating symptoms to his legs after the procedure per 7/24/14 report. The patient currently has stopped taking his oral medication but continues to use his compound analgesic cream which is helpful per 7/24/14 report. The patient's lower back pain and right leg pain is still significantly better but 4 weeks after injection, the effect is wearing off per 8/11/14 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. In this case, the patient has chronic back pain with radicular symptoms. The patient had a prior epidural steroid injection which gave 90% improvement and medication reduction in the first week, but an unspecified level of improvement 4 weeks later. For a repeat epidural steroid injection, ODG recommends 50% pain relief and associated reduction in medication usage 6-8 weeks following the first injection. In addition, MRI referenced only showed bulging disc, an unlikely source of radiculopathy. The request IS NOT medically necessary.