

<b>Case Number:</b>	CM14-0184912		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, 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 8/19/07. A utilization review determination dated 10/25/14 recommends non-certification/modification of repeat ESI. 9/24/14 medical report identifies low back and LLE pain with muscle spasms. On exam, there is tenderness, limited ROM, EHL 4/5 bilaterally, and decreased sensation reported L2 through S1 on the left. Repeat LESI was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 and L4-5 transforaminal 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 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46 OF 127.

**Decision rationale:** Regarding the request for repeat lumbar epidural steroid injection, 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. 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 functional improvement and 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 current findings do not clearly corroborate radiculopathy at the levels requested for injection and there is no clear indication of at least 50% pain relief with associated functional improvement and reduction of medication use for at least six weeks from the prior ESI. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

**Follow-up evaluation with pain management specialist for lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

**Decision rationale:** Regarding the request for follow-up evaluation with pain management specialist for lumbar spine, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. In light of the above, the currently requested follow-up evaluation with pain management specialist for lumbar spine is medically necessary.