

<b>Case Number:</b>	CM14-0186825		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 August 7, 2010. A utilization review determination dated October 28, 2014 recommends non-certification of a lumbar epidural steroid injection. A progress report dated October 9, 2014, identifies subjective complaints of low back pain and left knee pain, pain in the low back radiating down his leg into the calves, and numbness and tingling in the legs, feet, and toes. Physical examination reveals tenderness to palpation over the lumbar spine with decreased sensation to light touch over the posterior calves and bilateral feet dorsum to the toes bilaterally. Review of records indicates that an electrodiagnostic evaluation dated June 28, 2012 showed chronic L5 radiculopathy, and an MRI of the lumbar spine dated April 26, 2012 shows disc protrusion into the neural foramen at L5-S1 and L4-5. The treatment plan recommends an epidural steroid injection for the back and Synvisc injection for the right knee. A progress report dated April 30, 2014 states that the patient has previously undergone lumbar epidural steroid injections. Future medical care recommends additional lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** 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 Injections (ESIs) Page(s): 46.

**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. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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 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, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there is no documentation of failed conservative treatment including physical therapy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.