

<b>Case Number:</b>	CM14-0187965		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 38 year old male sustained work related injuries on June 3, 2013. The mechanism of injury was not described. He subsequently complained of low back pain. He was diagnosed and treated for lumbar pain. Treatment included radiographic imaging, prescribed medications, 7 physical therapy sessions, 2 epidural injections and follow up visits. Per treating provider notes dated September 16, 2014, injured worker complained of exacerbation of back and leg pain after kicking a level on an asphalt grinder at work on September 6, 2014. Documentation noted that the Magnetic Resonance Imaging from 8/11/2014 no longer showed evidence of L4-L5 disc protrusion. Provider recommended a repeat MRI to rule out instability. There was no MRI or additional radiographic imaging included in the medical record for review. Physical exam revealed decrease sensation in the left lower extremity at the left medial calf. According to the provider notes dated October 7, 2014, the injured worker continued to have more pain in his lower back and left leg. Physical exam revealed that muscle strength was normal and sensation to pinprick was within normal limits. As of October 7, 2014, the injured worker remained temporarily totally disabled. The treating physician prescribed services for one lumbar epidural steroid injection at left L5-S1 now under review. On October 31, 2014, Utilization Review evaluated the prescription for lumbar epidural steroid injection at left L5-S1 requested on October 28, 2014. Upon review of the clinical information, UR noncertified the request for the lumbar epidural steroid injection at left L5-S1 noting the lack of objective clinical evidence to support medical necessity. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection, Left L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of a diagnosis of thoracic or lumbosacral neuritis or radiculitis. In addition, given documentation of objective (1+ Achilles reflex) findings, there is documentation of objective radiculopathy. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection, left L5-S1 is not medically necessary.