

<b>Case Number:</b>	CM14-0190055		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 the date of injury of November 6, 2013. A report dated October 8, 2014 recommends certification for L5-S1 epidural steroid injection. A report dated October 30, 2014 recommends non-certification of a lumbar epidural steroid injection. A progress report dated October 21, 2014 identifies subjective complaints including mild to occasionally moderate low back pain. The patient has a burning sensation radiating to both buttocks. He has difficulty doing repetitive bending and lifting. Physical examination findings revealed decreased lumbar spine range of motion with tenderness to palpation. Motor and sensory examination is normal. Diagnoses include lumbar strain, multilevel lumbar degenerative disc disease, chronic lumbar discogenic pain, and chronic pain related anxiety. The treatment plan states that "mild to moderate degenerative spinal stenosis at L4-5 is the likely source of the patient's pain" and recommends a lumbar epidural steroid injection. Additionally, medication is recommended. A progress report dated July 15, 2014 indicates that the patient has exhausted conservative treatment. He was recommended to undergo a lumbar epidural steroid injection but did not go through with it because he was scared of the complications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Spinal Injection x 1 @ L4-5 followed by re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** Regarding the request for Lumbar epidural steroid injection, The 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 are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, the patient was previously too afraid to undergo an epidural injection, and there is no documentation that he has changed his mind. Finally, it appears that a lumbar epidural steroid injection was authorized previously, and it is unclear whether or not this has been performed. In the absence of clarity regarding those issues, the currently requested lumbar epidural steroid injection is not medically necessary.