

<b>Case Number:</b>	CM14-0190615		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<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 & Rehabilitation, 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:

According to the records made available for review, this is a 28-year-old female with an 8/5/10 date of injury. At the time (10/1/14) of the request for authorization for left epidural steroid injection at L4-L5, there is documentation of subjective (increasing pain and weakness with marked limp and giving way left foot) and objective (positive straight leg raising left at 70 degrees; 4 out of 5 strength left anterior tibialis, left extensor hallucis longus; and decreased sensation left L5 dermatomal distribution) findings, current diagnoses (sciatica, radiculopathy spine/lumbar/leg, and degenerative disk disease lumbosacral), and treatment to date (left-sided epidural steroid injection over a year ago with a significant decrease in the need for medication and improvement of quality of activities of daily living). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Epidural Steroid Injection at L4-L5: Upheld**

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

**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 diagnoses of sciatica, radiculopathy spine/lumbar/leg, and degenerative disk disease lumbosacral. In addition, given documentation of left-sided epidural steroid injection over a year ago with a significant decrease in the need for medication and improvement of quality of activities of daily living, there is documentation of decreased need for pain medications and functional response following previous injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for left epidural steroid injection at L4-L5 is not medically necessary.