

<b>Case Number:</b>	CM14-0204812		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 male patient with a date of injury of April 21, 2011. A utilization review determination dated November 25, 2014 recommends non-certification of lumbar epidural steroid injection right L4-5 with fluoroscopy. A progress note dated November 15, 2014 identifies subjective complaints of back pain without any improvement. The patient did have improved pain for 3-4 months following the last injection, there is a return of low back pain particularly with extension and turning, and there is diffuse leg pain that is not radicular. The physical examination identifies non-radicular low back pain with limited posterior flexion due to increased pain, and exacerbated by repetitive flexion/extension. The diagnoses include chronic low back pain, and lumbar spinal stenosis. The treatment plan recommends a repeat epidural steroid injection at right L4-5. A lumbar spine MRI report dated March 7, 2014 identifies unchanged advanced degenerative disc disease at L5-S1 with 4 mm broad-based posterior bulge extending into the neural foramina, multilevel moderate to advanced facet arthrosis most marked at L4-5 and L5-S1, and unchanged mild broad-based posterior bulge of L4-5 slightly narrowing the right than the left neural foramen but not marked.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection right L4-5 with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 repeat Lumbar epidural steroid injection right L4-5 with fluoroscopy, 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 are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection right L4-5 with fluoroscopy is not medically necessary.