

<b>Case Number:</b>	CM14-0207799		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/30/1995
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

The injured worker is a 48-year-old female who reported an injury on 04/30/1995. The mechanism of injury was not provided. Her diagnoses included lumbar spondylolisthesis, lumbar spinal stenosis, disc disease of the lumbar spine, lumbar radiculopathy, carpal tunnel syndrome, and status post lumbar fusion. Past treatment was noted to include 2 epidural steroid injections to the L5-S1 levels and medications. On 09/23/2014 and 09/26/2014, it was indicated the injured worker had a transforaminal epidural steroid injection at the left L5 level. Her medications were noted to include Naprosyn 500 mg, Norco 10/325 mg, Valium 10 mg, Soma 250 mg, morphine sulfate 15 mg, diazepam 10 mg, Percocet 10/325 mg, and ibuprofen 800 mg. The treatment plan was noted to include a second lumbar epidural injection. A request was received for a second lumbar spine epidural steroid injection without a rationale. On 11/12/2014, it was noted the injured worker had pain to her bilateral hips and spasms and sciatica in the left leg. She rated her pain as 8/10. Upon physical examination, it was noted the injured worker had normal muscle strength and range of motion. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Lumbar Spine Epidural Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spine Epidural Injection.

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

**Decision rationale:** The request for second lumbar spine epidural injection is not medically necessary. According to the California MTUS Guidelines, repeat injections are recommended if there is documentation of quantitative objective findings regarding pain and functional improvement to include at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The guidelines also state that current research does not support a series of 3 injections. The clinical documentation submitted for review did not indicate the effectiveness of the previous injections. Also, it was noted the injured worker had already had 2 injections on 09/23/2014 and 09/26/2014 to the L5-S1 levels. Additionally, this request does not specify which region this is to be inserted or administered. Consequently, the request is not supported by the evidence based guidelines. As such, the request for second lumbar spine epidural injection is not medically necessary.