

<b>Case Number:</b>	CM14-0211953		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 a date of injury of July 5, 2014. A utilization review determination dated November 26, 2014 recommends noncertification for lumbar epidural injections #2 and #3. Noncertification is recommended due to lack of documentation of at least 50% pain relief with functional improvement for 6-8 weeks. A progress report dated November 11, 2014 identifies subjective complaints indicating that the patient underwent epidural injection with approximately 50% relief. Objective examination findings reveal negative straight leg raising and "there is slight decrease on the left side at L5." Diagnoses include chronic left L5 radiculopathy, possible left L4 radiculopathy, by EMG/nerve conduction studies, and L3-4 bulging disk. The treatment plan recommends lumbar epidural injections number 2 and number 3 because the patient has had over 2 weeks of sustained 50% improvement in her symptoms. An operative report dated October 21, 2014 indicates that the patient underwent bilateral S1 transforaminal epidural injections. Electrodiagnostic studies dated October 7, 2014 show chronic bilateral L5 (or L4) radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural spinal injection #2 and #3.:** Upheld

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

**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, 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, guidelines do not support a series of injections. As such, the currently requested repeat lumbar epidural steroid injections are not medically necessary.