

<b>Case Number:</b>	CM14-0216182		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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 & Rehabilitation, 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 January 10, 2006. A utilization review determination dated December 17, 2014 recommends noncertification of bilateral L4-5 transforaminal epidural steroid injections. Noncertification is recommended due to lack of adequate documentation of benefit from an epidural injection performed in November 2014. An MRI dated August 4, 2011 identifies L4-5 with degenerative disc disease with moderate left and moderate to severe right foraminal stenosis. A progress report dated November 3, 2014 indicates that the patient continues to have low back pain radiating into the right lower extremity. Medications include Vicodin and ibuprofen. The note indicates that physical therapy and swimming have provided only temporary relief. Multiple epidural steroid injections in the past have provided "about 15% relief for 3 months each." Additionally, the patient has noted numbness and a feeling of weakness in the right lower extremity. Physical examination findings revealed decreased strength in the right lower extremity with decreased sensation in the right lower extremity as well. The treatment plan recommends a repeat epidural injection to avoid surgery. An operative report dated November 11, 2014 indicates that a right L4-5 transforaminal epidural injection was performed. A progress report dated November 29, 2014 states that a transforaminal epidural injection will be requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 Transforaminal Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injecti.

**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 the most recent epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.