

<b>Case Number:</b>	CM14-0218657		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

### 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 59 year old male who sustained an industrial injury on 4/16/2012. He has reported radiating, moderate to severe, dull and achy pain at lumbar 4 to sacral 1 midline. The diagnoses have included lumbar radiculopathy; and lumbar disc herniation. Treatments to date have included consultations; diagnostic imaging studies; 2 lumbar epidural steroid injections (12/2012 & 3/2014); physical therapy and home exercise program; and medication management. The injured worker was returned to work with modified work duties. On 12/3/2014 Utilization Review non-certified, for medical necessity, the request for 3rd epidural steroid injection for lumbar-5, because the first 2 injections were effective, noting the MTUS Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection #3, L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with unrated lower back pain with a dull quality which radiates down the right leg laterally to the ankle, exacerbated by lifting. Patient is status post 2 lumbar epidural steroid injections on 12/28/12 and 03/19/14. The request is for LUMBAR EPIDURAL STEROID INJECTION #3 L5. Physical examination dated 11/19/14 reveals tenderness and pain to palpation of the lumbar spine, negative straight leg test bilaterally, and absent Babinski's sign bilaterally. In regards to the previous ESI's progress note dated 11/19/14 notes: "the other 2 helped tremendously but was only temporary in pain relief." The patient is currently prescribed Relafen. Diagnostic imaging was not included, though 11/19/14 progress report discusses findings of MRI dated 07/18/12 noting: "Moderate to severe facet disease with buckling of the ligamentum flavum." Patient is currently working modified duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain - defined as pain in dermatomal distribution with corroborative findings of radiculopathy." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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." Treater is requesting a repeat lumbar epidural steroid injection for the management of this patient's chronic lower back pain. Progress report 11/19/14 indicates that this patient has had two previous injections, though the description of efficacy is brief, stating only "temporary relief" without providing specific reductions in pain levels or duration. Such vague statements do not satisfy MTUS guidelines that require documentation of 50% reduction of pain lasting 6-8 weeks along with functional improvement and medication reduction. Given the lack of such improvement from prior injections, a repeat ESI would not be indicated. The request IS NOT medically necessary.