

<b>Case Number:</b>	CM14-0074862		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/11/1996
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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: Emergency Medicine

### 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 56 year old male, who sustained an industrial injury on 11/01/1996. He was noted to be ejected from a car while at work resulting in whiplash injury of the neck and lower back. On provider visit dated 04/22/2014, the injured worker has reported an increased of pain with range of motion. The diagnoses have included retrolisthesis, radiculopathy, instability, and herniated nucleus pulposus. Treatment to date has included MRI's. Treatment plan included Lumbar Epidural Steroid Injection at L3-4, L4-5 and L5-S1. On 05/06/2014 Review non-certified Lumbar Epidural Steroid Injection at L3-4, L4-5 and L5-S1 noting not as medically necessary. The CA MTUS ACOEM and Chronic Pain Medical Treatment Guidelines were 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 at L3-4, L4-5 and L5-S1: Upheld**

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

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

**Decision rationale:** The request is for epidural steroid injection at L3-4, L4-5 and L5-S1 for the treatment of ongoing low back pain. Per the MTUS chronic pain guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain, with no more than 2 epidural steroid injections at a time. Steroid injections can offer short-term relief and are best combined with other rehab efforts. Criteria for the use of epidural steroid injections includes a radiculopathy that is clearly documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. The injured worker in question has previously received an epidural steroid injection. It would be best if the treating physician would note the previous response to epidural steroid injection, and if beneficial, then further treatment may be supported, especially if clearly paired with a plan for active rehabilitation efforts. The request as currently written exceeds the recommendation of the MTUS guidelines, in as much that no more than 2 levels be injected at one time. Therefore, the request is not supported by the MTUS guidelines and is not medically necessary.