

<b>Case Number:</b>	CM15-0000488		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 7/10/2013. The diagnoses have included disc herniation, degenerative disc disease and disc protrusion/herniation at L3-4, L4-5 and L5-S1 with compression over the L5 nerve root on the left side. Treatment to date has included physical therapy (9 visits from 7/25/13 to 8/19/2013), acupuncture, chiropractic care and epidural steroid injections. Per the physician's progress note dated 12/2/2013, the injured worker had about 2-3 days of 40% decrease in pain after a lumbar epidural steroid injection. Per the progress report/treatment request from 11/10/2014, the injured worker was seen for orthopedic re-examination. He noted that his back pain was the same. Flexeril seemed to help him sleep. Vicodin helped but only temporarily. He reported working 4 hours a day and tried to do a home exercise program. He continued to have pain down his left leg. Physical exam from 11/10/2014 revealed pain with straight leg raising that went into his left leg. He had midline pain and pain over the paravertebral muscles. He had sacroiliac joint pain bilaterally. Per this note, the injured worker had an epidural injection about a year ago that took away approximately 50% of his pain for about 10 days. The physician recommendation was for an epidural steroid injection in an attempt to avoid surgery. On 12/5/2014, Utilization Review (UR) non-certified a request for lumbar epidural L5-S1 level, noting that the injured worker had previously had an epidural steroid injection with no lasting benefit. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural L5-S1 level:** 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:** Regarding the request for 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. 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, prior injections did not provide at least 50% pain relief with functional improvement and decreased pain medication use for at least 6 weeks as recommended by the CA MTUS. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.