

<b>Case Number:</b>	CM15-0002951		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Washington

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 60-year-old male who reported an injury on 10/10/2011. The mechanism of injury was not provided. His diagnoses were noted to include left knee sprain/strain with internal derangement, cervical spine sprain/strain, left shoulder sprain/strain, lumbar spine sprain/strain, status post open reduction and internal fixation of olecranon of the left elbow, gastritis, and diabetes mellitus. Past treatments were noted to include epidural steroid injection to the L3-4, L4-5, and L5-S1 levels bilaterally on 11/22/2014. Imaging studies were not provided. On 10/24/2014, it was noted the injured worker had complaints of low back pain that radiated to his left hip. Upon physical examination, it was noted the injured worker had decreased range of motion to his lumbar spine and a positive Kemp's test. Medications were not included in the report. The treatment plan was noted to include lumbar and cervical epidural steroid injections, lab tests, and medications. A request was received for Lumbar Epidural Steroid Injection L4-L5 L5-S1 without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-L5 L5-S1:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections are to reduce pain and inflammation, thereby facilitating the progress in an active therapeutic exercise program. The guidelines indicate that repeat injections are based upon the previous injection noting documenting at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. The clinical documentation submitted for review indicated the injured worker had an epidural steroid injection to the L4-5 and L5-S1 levels on 11/22/2014; however, there was no documentation following this procedure indicating functional improvement and pain relief by at least 50% with associated reduction in medication use. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify the use of fluoroscopic guidance. As such, the request for Lumbar Epidural Steroid Injection L4-L5 L5-S1 is not medically necessary.