

<b>Case Number:</b>	CM15-0005723		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

### 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 52 year old male, who sustained an industrial injury on October 29, 2012. He has reported neck and back pain. The diagnoses have included cervical and thoracic fusion, lumbar disc displacement, lumbar radiculopathy and lumbar degenerative disc disease (DDD). Treatment to date has included shoulder surgery, knee surgery, magnetic resonance imaging (MRI), epidural steroid injection and oral medications. Currently, the IW complains of back pain radiating into legs. Treatment includes X-ray, epidural steroid injection and oral medications. On December 23, 2014 utilization review non-certified a request for lumbar epidural steroid injection at bilateral L3-L4 noting, the record does not confirm 6-8 week improvement from last injection. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

### 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 bilateral L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

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

**Decision rationale:** This patient presents with low back pain going down the bilateral legs. The current request is for LUMBAR EPIDURAL STEROID INJECTION AT BILATERAL L3-L4. According to report dated 11/10/14, the patient is status post transforaminal lumbar epidural injection on 10/10/14, which improved pain relief by 60%. The treating physician recommends a repeat injection. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, there is no discussion of functional improvement and documentation of pain relief was 60% but for only 4 weeks. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection IS NOT medically necessary.