

<b>Case Number:</b>	CM15-0009411		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: 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 30 year old male, who sustained an industrial injury on January 24, 2014, while lifting. He has reported pain in the back, buttock, and down the leg. The diagnoses have included disorders of the sacrum, sacroiliac joint dysfunction, myofascial pain, lumbosacral radiculitis/radiculopathy, and myalgia and myositis. Treatment to date has included sacroiliac injection, physical therapy, chiropractic treatments, back support, and medications. Currently, the injured worker complains of low back pain, left buttock pain, and left leg pain with numbness and tingling. The Physician's noted dated November 24, 2014, noted multiple lumbar spine tender points, posterior superior iliac spine (PSIS) tenderness on the left, and range of motion reduced with pain. The Physician noted reduced sensation in left L3 and L4 dermatomes to light touch and pinprick. Straight leg raise was positive on the left at 45 degrees, causing radicular pain. On December 31, 2014, Utilization Review non-certified a third injection L5-S1 interlaminar epidural steroid injection left centric, noting the injured worker had already undergone two previous epidural steroid injections, with a lack of documentation that there was at least a 50% pain reduction and without documentation of a reduction of medication use, and in the absence of this information the request was not supported by the evidence based guidelines, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of third injection L5-S1 interlaminar epidural steroid injection left centric.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third injection L5-S1 interlaminar epidural steroid injection left centric:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines, ESI may be recommended under certain criteria. Pt is currently in therapeutic phase since pt has had 2 prior ESI sessions. As per guidelines, 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. Documentation fails to document objective improvement in pain as required by guidelines. It also fails to document long term plan or rationale for ESI since ESI has no long term benefit beyond short term pain relief. Repeat L5-S1 Epidural Steroid Injection is not medically necessary.