

<b>Case Number:</b>	CM15-0107272		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 62-year-old female, who sustained an industrial injury on February 15, 2011. The injured worker reported back pain. The injured worker was diagnosed as having lumbar disc disease, radiculopathy and facet syndrome. Treatment to date has included physical therapy, chiropractic, home exercise program (HEP), trigger point injections, epidural steroid injection, and magnetic resonance imaging (MRI). A progress note dated April 21, 2015 provides the injured worker complains of low back pain radiating up the back and down the left leg. There is right knee pain due to overcompensation. The pain is rated 7/10. Physical exam notes lumbar facet tenderness with positive straight leg raise. The plan includes epidural steroid injection. A utilization review determination dated May 14, 2015 recommends modified certification for a right L4-5 and L5-S1 transforaminal epidural injection, 2 were requested and one was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections, #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for Right L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections, #2, 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. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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. Guidelines do not support a series of injections, and recommend performing one and depending on the outcome considering additional injections. Within the documentation available for review, it appears that a series of epidural injections are being sought. Guidelines do not support a series of epidural injections being performed. Unfortunately, there is no provision to modify the current request. As such, the currently requested Right L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections, #2 is not medically necessary.