

<b>Case Number:</b>	CM15-0109819		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 12/18/2013 resulting in radiating lower back pain with tingling sensation. She is diagnosed with low back pain. Treatment discussed in documentation has included oral and topical medications, physical therapy, and transforaminal nerve root injection at the left L3-4 and L4-5 after which the injured worker reported a 60% improvement in pain level for approximately 3 months. She reports a recent return of pain and lower extremity radiation. The treating physician's plan of care includes a lumbar epidural steroid injection at L4-5. Documentation provided does not state if she is presently working.

### 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 Left L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for repeat 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, there is a letter dated June 8, 2015 in which the requesting provider stated the patient had from a previous epidural injection 60% pain relief and was more "active." The issue with the criteria of reduction in medication use for at least six weeks is not directly commented upon in the submitted records. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.