

<b>Case Number:</b>	CM15-0018348		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Arizona

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 62-year-old female who reported an injury on 12/13/2012 due to an unspecified mechanism of injury. On 02/17/2015, she presented for a follow-up evaluation regarding her work related injury. She reported chronic pain in her lumbar spine with radiation of pain into the lower extremities bilaterally. She rated her pain at a 7/10. Her medications included Ultracet, patches, Relafen, and Prilosec. She was noted to be status post epidural injection during her treatment course and her response reportedly met criteria by the MTUS Guidelines for additional injections. A physical examination showed spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. There was also decreased sensation with pain noted at the L4 and L5 dermatomal distributions bilaterally. She was diagnosed with lumbosacral radiculopathy and a lumbar sprain and strain. A request was made for a right epidural injection a L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Epidural Steroid Injection at L4-L5:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that repeat epidural steroid injections may be performed if there is documentation of continued objective pain and improvement and functional improvement including at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documentation provided indicated that the injured worker's response to epidural steroid injections met the criteria by the MTUS Guidelines. However, documentation regarding continued objective improvement and continued decrease in pain as well as at least a 50% pain relief with associated medication reduction for at least 6 to 8 weeks was not documented within the report. Without this information, additional epidural steroid injections would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.