

<b>Case Number:</b>	CM15-0135832		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 25-year-old male with an industrial injury dated 10/06/2014. His diagnoses included lumbosacral radiculitis/radiculopathy and myofascial pain. Prior treatment included epidural steroid injection, physical therapy and medications. He presents on 06/23/2015 with complaints of low back pain, left leg pain, numbness, weakness and tingling. The pain is rated as 2/10. He is status post lumbar 4-5 interlaminar epidural steroid injection on March 2015. He received 80% relief for six weeks. The pain was returning and he wanted to have a second injection. The pain was worse with bending, stooping and heavy lifting and relieved with rest and medications. Examination of the lumbar spine noted decreased range of motion due to pain with multiple tender points and trigger points. The treatment plan included interlaminar epidural steroid injection at lumbar 4-5; continue current medication regimen and home exercise program and strengthening. Work status - Limit lift, pull and push to 10 pounds. No commercial driving. The request is for interlaminar epidural steroid injection L4-L5 (Lumbar 4-5).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection L4-L5 (L):** Overturned

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

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

**Decision rationale:** The requested Interlaminar epidural steroid injection L4-L5 (L), is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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." The injured worker has low back pain, left leg pain, numbness, weakness and tingling. The pain is rated as 2/10. He is status post lumbar 4-5 interlaminar epidural steroid injection on March 2015. He received 80% relief for six weeks. The pain was returning and he wanted to have a second injection. The pain was worse with bending, stooping and heavy lifting and relieved with rest and medications. Examination of the lumbar spine noted decreased range of motion due to pain with multiple tender points and trigger points. The treating physician has documented guideline specific criteria of percentage and duration of relief from previous epidural injections to establish the medical necessity for a repeat epidural injection. The criteria noted above having been met, interlaminar epidural steroid injection L4-L5 (L) is medically necessary.