

<b>Case Number:</b>	CM15-0147888		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/12/2015
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

### 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 40 year old male, who sustained an industrial injury on 03-12-2015. He has reported injury to the neck and low back. The diagnoses have included cervical strain; lumbosacral strain; right lumbosacral radiculitis; and L4-5 central disc protrusion. Treatment to date has included medications, diagnostics, iec, lumbar support, lumbar epidural steroid injection, and physical therapy. Medications have included Advil and Tramadol. A progress note from the treating physician, dated 07-15-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and low back pain; the pain in the neck comes and goes; it is worse when looking down to read with occasional pain that radiates into the right arm; the pain in the lower back is constant; there was radiating pain into the right leg, which has resolved after the injection; he has had 12 physical therapy treatments to the lumbar spine; he underwent L4-5 epidural injection on 06-29-2015, with 50% improvement lasting 4 days; and his pain has returned. Objective findings included moderate range of motion of his cervical spine; he has severely limited range of motion of the lumbar spine; straight leg raise is positive on the right side; he has good distal strength; and he has palpable pulses. The treatment plan has included the request for lumbar epidural steroid injection L4-L5, repeat outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-L5, repeat, outpatient: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

**Decision rationale:** The patient was injured on 03/12/15 and presents with neck pain which radiates down the right arm and low back pain which radiates to the right leg. The request is for a REPEAT LUMBAR EPIDURAL STEROID INJECTION L4-L5 AS AN OUTPATIENT. The RFA is dated 07/15/15 and the patient is on temporary partial disability. "He states that he is no longer working for the same employer." The patient had a prior lumbar ESI at L4-L5 on 06/29/15. MTUS Guidelines, Epidural Steroid Injections, page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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 patient has severely limited range of motion of the lumbar spine, has a 0 forward flexion and standing as it causes too much pain, and has a positive straight leg raise on the right side at 45 degrees. He is diagnosed with cervical strain, lumbosacral strain, right lumbosacral radiculitis, and L4-5 central disc protrusion. Treatment to date includes medications, diagnostics, iec, lumbar support, lumbar epidural steroid injection, and physical therapy. The 04/27/15 MRI of the lumbar spine revealed a central protrusion at L4-5 indenting the thecal sac. The patient underwent a prior epidural steroid injection at L4-5, which resulted "with 50% improvement lasting 4 days; his pain returned." MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, the pain returned after 4 days and there is no indication of any medication reduction the patient may have had. The requested repeat lumbar epidural steroid injection IS NOT medically necessary.