

<b>Case Number:</b>	CM15-0163184		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 53-year-old female, who sustained an industrial injury on 3-8-01. She reported low back pain. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, lumbar post-laminectomy syndrome, lumbar intervertebral disc disorder with myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy, acupuncture, lumbar epidural injections, L3-4 and L4-5 fusion on 3-21-02, and medication. The treating physician noted prior lumbar epidural steroid injections provided 60-70% relief of symptoms for 8-9 weeks at a time. Physical examination findings on 7-22-15 included tenderness over lumbosacral facets and at L5. Straight leg raises were positive bilaterally and sensation was decreased at right L3-5 areas and at left L1-S1 dermatomes. Currently, the injured worker complains of low back pain radiating to the left lower extremity. The treating physician requested authorization for a lumbar epidural steroid injection versus caudal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection vs. Caudal:** Upheld

**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 Epidural steroid injections (ESIs) Page(s): 46.

**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. 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.