

<b>Case Number:</b>	CM15-0198619		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 a 48-year-old female, who sustained an industrial injury on 12-13- 2011. The injured worker was being treated for disorders of sacrum, sciatica, and depression. Medical records (4-27-2015 to 7-23-2015) indicate ongoing low back pain. The pain radiates down the right lower extremity with numbness. The physical exam (4-27-2015 to 7-23-2015) reveals muscle spasm and guarding in the lumbar spine and normal muscle strength of the bilateral lower extremities. Per the treating physician (6-18-2015 to 7-23-2015 reports), the injured worker reported radiating "pain and numbness into the right lower extremity in a L4 (lumbar 4) and L5 (lumbar 5) dermatomal distribution along the posterolateral aspect of the right leg to the knee." Per the treating physician (7-23-2015 report), an MRI of the lumbar spine from 3-13-2012 revealed a L4-5 mild central and left paracentral disc protrusion. At L5-S1 (lumbar 5- sacral 1), there was a minimal annular disc bulging and osteophyte ridging causing left lateral recess and left neural foraminal stenosis. Per the treating physician (6-18-2015 report), the injured worker found a prior epidural steroid injection to be beneficial, but there was no document of percentage of pain relief and if there was an associated decrease in medication use for 6-8 weeks post injection. Other treatment has included non-steroidal anti- anti-epilepsy drugs, antidepressant, and non-steroidal anti-inflammatory medications. The requested treatments included a lumbar ESI x1 at bilateral L4-5, each additional level x2. On 9-29-2015, the original utilization review non-certified a request for a lumbar ESI x1 at bilateral L4-5, each additional level x2.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar ESI x1 Bilateral at L4-5, Each Additional Level x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for Lumbar ESI x1 Bilateral at L4-5, Each Additional Level x2, 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 two 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. As such, the currently requested Lumbar ESI x1 Bilateral at L4-5, Each Additional Level x2 is not medically necessary.