

<b>Case Number:</b>	CM15-0205299		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/29/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 29, 2015. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for series of three lumbar epidural steroid injections at L4-L5 and L5-S1. The claims administrator referenced an RFA form dated September 25, 2015 and associated progress note dated September 11, 2015 in its determination. Despite the fact that this does not appear to be a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. On a letter dated September 25, 2015, the attending provider sought authorization for a “series of lumbar epidurals” at the L4-L5 and L5-S1 levels. On September 11, 2015, the applicant reported ongoing complaints of mid and low back pain, 5-6/10. Hyposensorium was noted about the right knee and with weakness about the right lower extremity. There was, however, no explicit mention of radicular pain complaints in the subjective section of the note. The treating provider stated that he was seeking authorization for series of three lumbar epidural steroid injections towards the bottom of the note, stating that the applicant had lumbar radiculitis secondary to a disk herniation. A rather proscriptive 10-pound lifting limitation and a topical-compounded agent, Flexeril, and Fenoprufen were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5, L5-S1 (sacroiliac), Qty series of 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural steroid injections (ESIs), therapeutic.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Low Back Disorders, pg. 591 Each injection should be scheduled separately and the effects of each evaluated before scheduling a series of 3 injections.

**Decision rationale:** No, the request for a series of three lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural steroid injections are considered "optional" for radicular pain, for the purposes of avoiding surgery. Here, the attending provider's decision to pursue a series of three lumbar epidural steroid injections was at odds with the tepid position on epidural steroid injection set forth in the MTUS Guideline in ACOEM Chapter 12, page 301 and with the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes that each steroid injection should be scheduled separately and the effects of each epidural evaluated before scheduling the series of three injections. Therefore, the request was not medically necessary.