

<b>Case Number:</b>	CM15-0206685		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: 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 injured worker is a 50 year old female who sustained an industrial injury on 4-22-2013. A review of medical records indicates the injured worker is being treated for lumbar disc displacement and lumbar facet hypertrophy. Medical records dated 4-30-2015 noted low back pain rated a 6 out of 10. There is relief with medications. Physical examination noted decreased range of motion, which was unchanged since the last visit. Kemp's caused pain. Straight leg raise caused pain bilaterally. A prior epidural injection is reported to have provided 50% relief for several weeks. Treatment has included Tramadol and epidural injections on 10-13-2014. Utilization review form dated 9-11-2015 noncertified lumbar spine epidural steroid injection at L4-5 under fluoroscopic guidance x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine epidural steroid injection at L4/5 under fluoroscopic guidance x 3: 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:** MTUS Guidelines support a 2nd epidural injection if the prior injection provided significant relief. Additional injections are not recommended unless the 2nd or prior injection provided relief lasting for at least 6 weeks associated with diminished need for medications. An automatic series of 3 injections is not Guideline recommended. This request for approval of 3 additional epidural injections is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.