

<b>Case Number:</b>	CM15-0021444		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/21/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Washington

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 54-year-old female who reported an injury on 01/21/2008. The mechanism of injury was not provided. There was a request for authorization submitted for review dated 12/03/2014. The documentation of 12/03/2014 revealed the injured worker had noninsulin dependent diabetes mellitus, ulcerative colitis, and hypothyroidism. The medications included metformin 500 mg 1 by mouth every day, Liakla, and thyroid, dose unknown. The injured worker had reduced range of motion of the lumbar spine by 50%. The injured worker had positive straight leg raises bilaterally worse on the left. The injured worker had loss to pinprick at S1 on the left side of midline. The injured worker had a diminished Achilles reflex on the left. The injured worker was unable to stand on her toes. The physician opined the MRI indicated disc herniations at L4-5 and L5-S1, however the MRI was not provided. The diagnoses included lumbar discogenic pain with lumbar radiculopathy. The documentation indicated the injured worker did well for a year plus with the last epidural injection and as such a request for a third epidural was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural (L5-S1): Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain relief for 6 to 8 weeks, with documented objective functional improvement and documentation of a decrease in pain medications for the same duration of time. The clinical documentation submitted for review indicated the injured worker had previously undergone an epidural steroid injection with more than 1 year relief. However, there was a lack of documentation of specifically 50% or greater pain relief for the year and there was a lack of documentation of a decrease of pain medications for 6 to 8 weeks. Given the above, the request for Lumbar epidural (L5-S1) is not medically necessary.

**Post follow up appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the request for an epidural steroid injection was not found to be medically necessary, the request for a post follow-up appointment is not medically necessary.