

<b>Case Number:</b>	CM15-0025347		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/07/1998
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 75-year-old female, with a reported date of injury of 01/07/1998. The diagnoses include lumbar radiculitis, lumbar spine disc contusion with foraminal stenosis, and status post lumbar epidural steroid injection. Treatments have included a lumbar epidural injection on 10/20/2014, which provided good pain relief; a home exercise program; and electromyography/nerve conduction velocity study on 08/08/2014. The progress report dated 01/16/2015 indicates that the injured worker was status post a lumbar epidural steroid injection with good relief. It was noted that the pain was returning in the low back with radiation to the right leg. The injured worker participated in a home exercise program, which was more difficult. The objective findings included positive straight leg raise; decreased right flexor hallucis longus; decreased right hip flexors; and L2-3 and L4-5 herniated nucleus pulposus. The treating physician requested a lumbar epidural injection at L2-L3. The rationale for the request was not indicated. On 01/29/2015, Utilization Review (UR) denied the request for a lumbar epidural injection at L2-L3. The UR physician noted that there was no documentation that the prior epidural steroid injection resulted in at least 50% pain reduction, functional improvement, and a reduction in pain medication 6-8 weeks after the prior epidural. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-3 lumbar epidural injection:** 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:** The patient presents with lower back pain with radiation to the legs. The current request is for L2-3 lumbar epidural injection. The treating physician states that the patient had an ESI 10/20/14 with good relief. The MTUS guidelines state that one of the criterion for the use of epidural steroid injections is, "In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)." In this case, the treating physician has not provided documentation as to the efficacy of the last epidural steroid injection besides the patient had "good relief." There is no measurement provided of functional improvement and reduction of medication use. The current request is not medically necessary and the recommendation is for denial.