

<b>Case Number:</b>	CM15-0025425		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/23/2015
<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: Massachusetts

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 41 year old male, who sustained an industrial injury on 9/22/2001. On 2/10/15, the injured worker submitted an application for IMR for review of Lumbar epidural steroid injection at the bilateral L4-L5 and L5-S1. The treating provider has reported the injured worker complained of low back pain with radiating symptoms to bilateral lower extremities. The diagnoses have included low back degenerative disc disease, lumbar spondylosis, lumbar sprain/strain, right knee pain. Treatment to date has included MRI Lumbar 11/21/11, bilateral epidural steroid injections L4-L5 and L5-S1 (4/24/14 and 10/20/14), right knee surgery (10/29/14). On 1/23/15 Utilization Review non-certified Lumbar epidural steroid injection at the bilateral L4-L5 and L5-S1. The MTUS Guidelines were cited.

### 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 the bilateral L4-L5 and L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant is more than 10 years status post work-related injury. He continues to be treated for chronic radiating low back pain. Treatment has included two lumbar epidural steroid injections done in April and October 2014 with improvement. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections 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. In this case, the requested epidural injections are within applicable guidelines and therefore were medically necessary.