

<b>Case Number:</b>	CM15-0219251		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old male, who sustained an industrial injury on 9-8-2006. Medical records indicate the worker is undergoing treatment for lumbar post-laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis without myopathy and lumbago. A recent progress report dated 6-30-2015, reported the injured worker complained of low back pain rated 6 out of 10. Physical examination revealed lumbar paraspinal tenderness to palpation and sacroiliac joint tenderness. Treatment to date has included physical therapy, medication management, and on 4-3-2015 the physician states patient had 10% relief from a lumbar epidural injection on 3-2-2015. On 6-30-2015, the Request for Authorization requested Left lumbar 5-sacral 1 interlaminar epidural steroid injection, x1 with touhy needle. On 10-5-2015, the Utilization Review noncertified the request for Left lumbar 5-sacral 1 interlaminar epidural steroid injection, x1 with touhy needle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 interlaminar epidural steroid injection, x1 with touhy needle:** 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:** Regarding the request for Left L5-S1 interlaminar epidural steroid injection, x1 with touhy needle, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested Left L5-S1 interlaminar epidural steroid injection, x1 with touhy needle is not medically necessary.