

<b>Case Number:</b>	CM15-0030835		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 54 year old female, who sustained an industrial injury reported on 10/10/2012. She has reported radiating low back pain and severe fatigue. The diagnoses were noted to have included lumbosacral sprain; thoracic disc degeneration; ACQ spondylolisthesis; psychogenic pain; and long-term use of medications. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; lumbar support; heat pads; weight loss surgery (9/2013); lumbar epidural steroid injection (7/2014); and medication management. The work status classification for this injured worker (IW) was noted to have been returned to work with restrictions. On 2/6/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/23/2015, for right lumbar epidural steroid injection lumbar 5 and sacral 1. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, repeat epidural steroid injection, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar epidural steroid injection at L5 and S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI  
Page(s): 46-47.

**Decision rationale:** According to the 01/15/2015 report, this patient presents with worsening low back pain and it is causing difficulty with her ability to walk and stand. The current request is for "repeat" right lumbar epidural steroid injection at L5 and S1. The request for authorization is on 01/16/2015. The patient's work status is restricted to lifting 10 lbs, completely restricted in squatting, kneeling. For repeat injections MTUS requires "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." Review of the provided reports show that the patient had a Lumbar ESI in July which "provide greater than 50% pain relief in her back which lasted for about 4-5 months. She did have improvement in her walking and standing tolerance with this injection and she was able to increase her exercise activity." In this case, the treating physician documented pain and functional improvement with prior injection. The request repeat lumbar epidural steroid injection IS medically necessary.