

<b>Case Number:</b>	CM15-0031882		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 34 year old male who sustained an industrial injury on 01/21/2014. Current diagnoses include herniated nucleus pulposus at L4-5, right radiculopathy, and lumbosacral strain. Previous treatments included medication management, prior epidural steroid injection, physical therapy, and acupuncture. Report dated 02/07/2015 noted that the injured worker presented with complaints that included lower back pain with radiation to the right leg. Physical examination was positive for abnormal findings. The physician noted that the injured worker had good relief from the prior epidural steroid injection but know the pain is coming back. Utilization review performed on 02/11/2015 non-certified a prescription for L4-L5 epidural steroid injection, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, low back sections, Epidural steroid injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection L4-L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are herniated nucleus pulposus L4 - L5 improving; and right radiculopathy improving. The injured worker had an epidural steroid injection (ESI) August 5, 2014 with improvement. The injured worker had a second ESI November 18, 2014 with a good result. On January 3, 2015, the injured worker's symptoms were significantly improved. Straight leg raising was negative and the injured worker return to work (modified duty). The progress note dated January 3, 2015 does not contain a request, a clinical indication or a clinical rationale for a third epidural steroid injection. The injured worker is doing well from the second injection and there is no clinical indication, at the current time, for a third ESI. Consequently, absent compelling clinical documentation for a third ESI and a clinical indication/rationale for a third ESI, epidural steroid injection L4-L5 is not medically necessary.