

<b>Case Number:</b>	CM15-0035954		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/29/1997
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, 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 female. Her age was not provided. The mechanism of injury was a fall. The injured worker underwent a transforaminal epidural steroid injection on 04/29/2014. The injured worker underwent x-rays and an MRI of the lumbar spine. The injured worker indicated the effect of the injections generally last approximately 3 to 5 months. The injured worker indicated with the last injection she felt 50% better for 4 weeks. The documentation of 11/17/2014 revealed the injured worker had ongoing bilateral lower extremity pain due to L3-4 and L4-5 herniated disc. The medications include cyclobenzaprine HCl 5 mg tablets, gabapentin 300 mg capsules, Celebrex 200 mg capsules, and Soma 350 mg tablets. The surgical history included a knee surgery and shoulder surgery, as well as a sinus surgery and tonsillectomy. The physical examination revealed the injured worker had pain radiating in the bilateral low back to the thighs. The motor strength was 4+/5 bilaterally but was noted to be slightly limited by pain. The treatment plan included a TENS unit and an epidural steroid injection. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain relief for 6 to 8 weeks with documentation of objective functional improvement and an objective decrease in pain medications for the same duration of time. The injured worker was noted to feel 50% better for 4 weeks with the prior injection. There was a lack of documentation of an objective decrease in pain medications and improvement in function for 6 to 8 weeks and the pain relief was 4 weeks, not 6 to 8 weeks. The request as submitted failed to indicate the laterality and level for the requested injections. Given the above, the request for epidural steroid injection is not medically necessary.