

<b>Case Number:</b>	CM15-0043499		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Arizona

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 64-year-old male who reported injury on 09/09/2011. The mechanism of injury was cumulative trauma. The injured worker underwent an MRI of the lumbar spine showing moderate to severe bilateral neural foraminal stenosis at L4-5 dated 12/17/2012. The documentation of 10/21/2014 revealed a handwritten note. The injured worker had back pain with some numbness of the left foot. The physical examination revealed a left positive straight leg raise with radiation into the left foot. The request was made for lumbar epidural steroid injection #3. The documentation indicated the injured worker had 75% relief for greater than 2 months. The request was made for a third set of injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection left L4 per 10/21/14 order quantity: 1.00:** 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 Injection Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of greater than 50% relief for up to 6 to 8 weeks. There should be documentation of decreased medication and objective functional improvement for the same duration of time. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The clinical documentation submitted for review indicated the injured worker had 75% relief for greater than 2 months. However, there was a lack of documentation indicating objective functional improvement and objective decrease in medications for 6 to 8 weeks. The request was made for a third set of injections, however, this would be considered excessive. Given the above, the request for Epidural steroid injection left L4 per 10/21/14 order quantity: 1.00 is not medically necessary.