

<b>Case Number:</b>	CM15-0050918		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/26/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64-year-old male who sustained an industrial injury on 09/26/01. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include back pain. In a progress note dated 11/25/14 the treating provider reports the plan of care as continued pain management and medications and follow-up as needed. The requested treatment is a left lumbar Epidural Steroid Injection at L3-5 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Transforaminal LESI L3-4, L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work-related injury and continues to be treated for chronic low back pain with left lower extremity radicular symptoms. Prior injections are

referenced as providing 50% pain relief lasting for an unknown period of time. When seen, physical examination findings included lumbosacral tenderness with decreased range of motion and positive straight leg raise. There was no documented neurological examination. The claimant was having radiating left lower extremity pain with numbness. A series of four injections was planned. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the duration of pain relief after the previous injection is not documented. Additionally, a series of injections in either the diagnostic or therapeutic phase is not recommended. Therefore, the requested repeat lumbar epidural steroid injections is not medically necessary.