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| <b>Case Number:</b>   | CM15-0082182 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 03/23/1999 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 03/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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, 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 71 year old male, who sustained an industrial injury on 3/23/99. The diagnoses have included lumbar radiculopathy, lumbago, lumbar herniated disc with radiculopathy, thoracic spine pain and status post programmable spinal drug infusion pump 12/12/14. Treatment to date has included medications by mouth, activity modifications, pain management, spinal drug infusion pump and home exercise program (HEP) with stretching exercises. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 2/26/15, the injured worker complains of pain in the lower back and side that is sharp, the left leg and also pain around the spinal cord infusion pump site. He is requesting increase in pump rate. The pain/spasticity is constant. In the last month with medications, the injured worker states that the least pain is 4/10 on pain scale, the average pain is 5/10 on pain scale, and the worst pain is 6/10 on pain scale. The physical exam was unremarkable. Treatment plan was to re-fill medications, home exercise program (HEP) and follow up visit. The physician requested treatment included Right L5-S1 lumbar therapeutic epidural steroid injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 lumbar therapeutic epidural steroid injection with fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent clinical and imaging/electrodiagnostic findings supporting radiculopathy at the level proposed for injection. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.