

<b>Case Number:</b>	CM15-0083019		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 55 year old male, who sustained an industrial injury on 7/1/10. He reported pain in the back and left shoulder. The injured worker was diagnosed as having lumbar discogenic disease and left shoulder derangement. Treatment to date has included a L4-5 epidural steroid injection on 3/4/14, trigger point injections, chiropractic treatment, TENS, and physical therapy. A physician's report dated 2/23/15 noted back pain was rated as 7/10. The previous epidural steroid injection was noted to have provided 80% pain relief. Currently, the injured worker complains of shoulder pain and low back pain that radiates to the legs. The treating physician requested authorization for a L4-5 epidural steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 ESI Under Fluoroscopy:** Upheld

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

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

**Decision rationale:** Regarding the request for repeat Lumbar 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 is indication that previous epidural injection in 3/2014 has provided 80% pain relief with functional improvement. However, there is no documentation of at least six weeks improvement. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.