

<b>Case Number:</b>	CM15-0085555		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 51-year-old male, who sustained an industrial injury on August 9, 2011. He reported neck and low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, post-laminectomy syndrome of the lumbar region, myalgia and myositis, cervical intervertebral disc degeneration, sciatica, brachial neuritis and radiculitis and degeneration of lumbar intervertebral discs. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the lumbar spine, steroid injections, conservative care, medications and work restrictions. Currently, the injured worker complains of neck and low back pain with pain, numbness and tingling of the bilateral upper and lower extremities, sleep disruption and migraine headaches. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 10, 2014, revealed continued pain with pins and needle sensations in the lower extremities. Repeat lumbar epidural injection was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One repeat lumbar epidural steroid injection at left L5-S1: Overturned**

**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 sustains a work injury in August 2011 and continues to be treated for repeating neck and low back pain. In December 2014, a lumbar epidural steroid injection had been done more than five months before with 70% relief of radicular symptoms lasting for two months. When seen, a lumbar epidural steroid injection on 01/07/15 had provided more than 60% pain relief. His radicular symptoms were returning. Left greater than right lower extremity motor and sensory changes. 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 requested epidural injection is within applicable guidelines and therefore medically necessary.