

<b>Case Number:</b>	CM15-0085812		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/30/1995
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old female who sustained a work related injury April 30, 1995. Past history included lumbar fusion with hardware October 2013, arthroscopic synovectomy right knee September 2014, and carpal tunnel syndrome. According to a treating physician's follow-up after epidural injection, dated January 8, 2015, the injured worker reports a 60% relief from her first ESI (epidural steroid injection). She continues to complain of lower back and bilateral hip pain. Diagnoses are lumbar spondylolisthesis; lumbar spinal stenosis; degenerative disk disease of the lumbar spine; lumbar radiculopathy. At issue, is the request for authorization for a lumbar epidural steroid injection x 1 L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection X1 L5-S1: Upheld**

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

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

**Decision rationale:** The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection with 60% improvement. According to guidelines, there must be at least 50% pain relief for 6-8 weeks with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function and no documentation of how long the patient had pain relief. Therefore, the request is not medically necessary.