

<b>Case Number:</b>	CM15-0087038		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial injury on 10/19/01. He reported low back pain. The injured worker was diagnosed as having lumbar thoracic radiculopathy, hematuria, depression due to chronic pain, insomnia and lumbar failed back syndrome. Treatment to date has included lumbar surgery, physical therapy, oral medications, epidural steroid injections, nerve blocks, spinal cord stimulator implantation and activity restrictions. (CT) computerized tomography scan of lumbar spine performed on 4/22/12 noted postoperative changes with evidence of L5-S1 interbody fusion, mild right neural foraminal stenosis at L5-S1, faint peripheral calcifications within the thecal sac posterior to S1-S2 and spinal cord stimulator wire extending into the thoracic spine. Currently, the injured worker complains of low back pain rated 8/10 and difficulty with sleep due to pain. The assessment included right radicular lower extremity pain not managed with spinal cord stimulator with worsening pain past few months. The injured worker has tried Epidural Steroid Injections with good relief and nerve blocks and experienced good relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopy Guided Epidural Steroid Injection:** 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 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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. The patient is status post at least three previous epidural steroid injections to the lumbar spine. Although he reports to have good pain relief, no significant or long-lasting functional improvement has been noted. Fluoroscopy Guided Epidural Steroid Injection is not medically necessary.