

<b>Case Number:</b>	CM14-0112539		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/24/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old male who reported an injury on 03/24/2005 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included 2 previous epidural steroid injections and injections. The injured worker was evaluated on 07/21/2014. It was documented that the injured worker had received 90% improvement from the first 2 corticosteroid injections, and that the injured worker's treatment plan included a third epidural steroid injection. Physical findings at that appointment included restricted range of motion secondary to pain to pain with a positive straight leg raising test bilaterally and reduced reflexes rated a +1/4 of the bilateral knee jerk and ankle jerk. The injured worker's diagnoses included discogenic syndrome, inguinal hernia, peripheral neuropathy, shoulder pain, heart attack, cardiac pacemaker, hypothyroidism, hypertension, and lumbar facet arthropathy. A request was made for an epidural steroid injection. No Request For Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends repeat injections be based on at least 50% improvement for 4 to 6 weeks with documented functional improvement. The clinical documentation submitted for review does indicate that the injured worker has previously received 2 epidural steroid injections with 90% improvement. There is no documentation of significant functional benefit resulting from those previous injections. Furthermore, California Medical Treatment Utilization Schedule does not support the use of a series of 3 injections. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request for lumbar epidural steroid injection at L4-L5 is not medically necessary and appropriate.