

<b>Case Number:</b>	CM14-0134178		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Texas & Oklahoma. 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 46-year-old male with a reported date of injury on 07/23/2013. The mechanism of injury was not noted in the records. The diagnosis included back pain. The injured worker's past treatments included pain medication, physical therapy, and surgical intervention. The MRI of the lumbar spine without contrast performed on 01/07/2014 revealed disc bulge at L4-5 with mild bilateral facet disease and disc bulge with bilateral facet disease at L5-S1. The surgical history included laminectomy and discectomy at L5-S1. The subjective complaints on 07/08/2014 included low back pain and sharp pain in the right thigh. The physical examination findings noted tenderness over the left SI joint. The patient has a positive facet loading on the right side and a positive Patrick's sign on both sides. Additionally, the patient has a positive straight leg raise test on the left side. The injured worker's medications included Allopurinol, Indomethacin, and Toprol. The treatment plan was for epidural steroid injections. A request was received for epidural steroid injections, lumbar L5-S1. The rationale for the request was to deal with the residual radiculopathy pain after surgery. It was also noted that the injured worker had done well in the past with epidural steroid injections. The Request for Authorization form was dated on 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid injection, lumbar L5-S1:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option to treat radicular pain. The criteria for epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic studies; initially unresponsive to conservative treatment (i.e. exercise, physical methods, NSAIDs, and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; 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 6 to 8 weeks; with a general recommendation of no more than 4 blocks per year. It was noted in the clinical that the patient has done well in the past with epidural steroid injections; however, there is no documentation of pain relief and improvement in function, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Additionally, the guidelines also state that current research does not support a series of 3 injections in either diagnostic or therapeutic phases. The clinical document the plan is to arrange for 3 epidural steroid injections. In the absence of objective documented pain and functional improvement from the previous epidural steroid injections, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks; the request does not meet the evidence based guidelines. As such, the request for epidural steroid injection, lumbar L5-S1 is not medically necessary.