

<b>Case Number:</b>	CM14-0144464		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, 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:

According to the records made available for review, this is a 56-year-old male with an November 30, 2012 date of injury. At the time of the Decision for lumbar transforaminal epidural steroid injection, there is documentation of subjective (low back pain with tingling into the left toes) and objective (tenderness to palpation in the lumbar paraspinal musculature from the mid lumbar spine to the lower lumbar spine bilaterally, positive straight leg raise on the left, and decreased lumbar range of motion) findings, imaging findings (not specified), current diagnoses (disc protrusion L4-L5 with annular tear and lumbar radiculopathy), and treatment to date (L4-L5 and L5-S1 lumbar epidural steroid injection on March 17, 2014 with 80% pain relief for 2 weeks; repeat lumbar epidural injection on June 4, 2014 with improved lower extremity pain and decrease in medication use; and medications (Tramadol and Gabapentin)). Medical reports identify a request for repeat lumbar epidural steroid injection. There is no documentation of at least 50-70% pain relief for six to eight weeks and functional response following last injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of disc protrusion L4-L5 with annular tear and lumbar radiculopathy. In addition, there is documentation of 2 prior lumbar epidural injections at L4-5 and L5-S1 performed on 3/17/14 and June 4, 2014 with a request for repeat injection. In addition, there is documentation of decreased need for pain medications following the last injection. However, despite documentation of improved lower extremity pain, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks and functional response following last injection. Therefore, based on guidelines and a review of the evidence, the request for a lumbar transforaminal epidural steroid injection is not medically necessary or appropriate.