

<b>Case Number:</b>	CM14-0158772		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/10/1985
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Management 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 72-year-old female with a 6/10/85 date of injury. At the time (9/2/14) of the request for authorization for lumbar epidural steroid injection, there is documentation of subjective (right sciatica, little left leg pain) and objective (flexion of 45 degrees, positive straight leg raise on the right) findings, current diagnoses (L3-4 spondylolisthesis with motion on flexion and extension, 10/26/09 L3-4 posterior uninstrumented fusion and laminectomy, and status post prior L4 to S1 laminectomy), and treatment to date (epidural steroid injection). There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 41.

**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:** MTUS reference to ACOEM 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 L3-4 spondylolisthesis with motion on flexion and extension, 10/26/09 L3-4 posterior uninstrumented fusion and laminectomy, and status post prior L4 to S1 laminectomy. In addition, there is documentation of previous epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous injection. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection is not medically necessary.