

<b>Case Number:</b>	CM14-0160608		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/11/2014
<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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of May 11, 2012. A utilization review determination dated October 29, 2014 recommends noncertification for a lumbar epidural steroid injection. Noncertification is recommended due to lack of documentation of significant reduction in medication use and functional improvement as a result of previous epidural injections. A progress report dated February 25, 2014 indicates that the patient had a lumbar epidural steroid injection with 60% improvement for 8 weeks. Physical examination findings reveal "left straight leg raising test is positive." Diagnoses include lumbar disc protrusion, lumbar sciatica, lumbar myelopathy, and lumbar sprain. The treatment plan recommends comprehensive pain management and request for a 2nd lumbar epidural steroid injection at L4-5. Additionally, a prescription is given for Norco and ibuprofen. A progress report dated May 27, 2014 identifies subjective complaints of "sensory motor deficit at L4-L5 on the left." A progress report dated June 26, 2014 includes subjective complaints of pain traveling into the left leg with numbness and tingling into the foot. Objective examination findings reveal decreased sensation in the L5 dermatome on the left. The treatment plan recommends awaiting authorization for a 2nd lumbar epidural steroid injection. A progress report dated July 29, 2014 recommends a short course of chiropractic physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine epidural injection at the left L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the requesting physician has indicated that the patient had over 50% improvement with the previous epidural steroid injection. Unfortunately, there is no documentation of functional improvement or reduction in medication use as a result of that injection. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.