

<b>Case Number:</b>	CM14-0169142		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/09/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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 59-year-old male with a 10/9/11 date of injury. At the time (9/5/14) of request for authorization for Lumbar epidural injection and Consult with [REDACTED], there is documentation of subjective (moderate constant right low back pain radiating into the lateral thigh) and objective (tenderness over the right lumbar paraspinals and normal neurological examination) findings, current diagnoses (lumbago and lumbar spine strain), and treatment to date (medications and previous epidural steroid injection (4/5/14)). Medical reports identify that the level to be addressed is bilateral L4-5; that the previous L4-5 epidural steroid injection provided 50% relief for 10 weeks with functional improvement; and that the requested consult is for epidural steroid injection. Regarding epidural steroid injection, there is no documentation of objective radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural 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:** 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 lumbago and lumbar spine strain. In addition, there is documentation that the previous L4-5 epidural steroid injection (4/5/14) provided 50% relief for 10 weeks. However, given documentation of objective (tenderness over the right lumbar paraspinals and normal neurological examination) findings, there is no documentation of objective radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for Lumbar epidural injection is not medically necessary.

**Consult with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar spine strain. In addition, given documentation that the requested consult is for epidural steroid injection, there is documentation that consultation is indicated to aid in the therapeutic management of the patient. However, the associated request for epidural steroid injection is not medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Consult with [REDACTED] is not medically necessary.