

<b>Case Number:</b>	CM14-0085147		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

The injured worker's original date of injury was May 7, 2009. The patient has diagnoses of neck pain, shoulder pain, low back pain, and lumbar radiculopathy. Conservative treatments have included pain medications, aquatic therapy, land-based physical therapy, massage, traction, chiropractic therapy, facet injections, acupuncture, and previous epidural steroid injections. The disputed request is for lumbar epidural steroid injection. A utilization review determination had noncertified this request citing that guidelines recommend at least 50% improvement in pain score following epidural steroid injections. This documentation was not evidence according to the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar epidural steroid injection, Left L3-L4 x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter, Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 47.

**Decision rationale:** In the case of this injured worker, there is documentation from the claims administrator that the patient has had previous epidural steroid injections. In order to warrant a repeat injection, there should be documentation of at least 50% pain improvement for 6 to 8 weeks. A progress note on February 18, 2014 documents that prior lumbar MRI done in 2011 showed a large herniated nucleus pulposus at L3-L4. There is no documentation of outcome of prior epidural steroid injections therefore this request is not medically necessary.