

<b>Case Number:</b>	CM14-0163384		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 54-year-old male, who sustained an industrial injury on 10/13/2010. He reported abdominal pain, swelling in the scrotum, neck and back pain, numbness and tingling in the lower extremities and numbness and tingling in both upper extremities. Treatment to date has included MRI, medications, physical therapy and lumbar epidural steroid injections. According to a progress report dated 07/07/2014, the injured worker complained of constant low back pain radiating to the lower extremities with numbness and tingling that was rated 5 on a scale of 1-10. Diagnosis was lumbar radiculopathy. Treatment plan Omeprazole, topical analgesics, Percocet, Ambien and Ativan, a qualitative drug screen, Toradol with vitamin B12 injection and request for lumbar transforaminal epidural steroid injection. Currently under review is the request for a lumbar epidural steroid injection at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (LESI) at L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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. Patient has been treated previously with lumbar epidural steroid injections and reported only minimal relief. Lumbar epidural steroid injection (LESI) at L4-L5 is not medically necessary.