

<b>Case Number:</b>	CM14-0178441		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old male who sustained an industrial injury February 24, 2014. Diagnoses have included lumbar sprain or strain with radicular complaints, bilateral foraminal stenosis, greater on the left, nerve compression, and L3-S1 disc herniation. Documented treatment includes 13 sessions of physical therapy with "lack of benefits," lumbar support, home exercise, epidural steroid injection with "minimal relief," and he was taking Diclofenac. The injured worker continued to report intermittent "moderate" pain in the low back, radiating down both lower extremities rated as 5 to 10 out of 10. He also reported weakness, numbness and tingling, and the pain was aggravated with extended standing, walking or lying down. Range of motion varied from normal readings. The physician reported that he was "not able to perform functions of daily activities secondary to pain." The treating physician's plan of care included a second interlaminar lumbar epidural steroid injection at L5-S1, which was denied October 16, 2014. His work status was with restrictions, but September 18, 2014 progress report stated his last day of work was September 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd Interlaminar Lumbar Epidural Steroid Injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** 2nd Interlaminar Lumbar Epidural Steroid Injection at L5-S1 is not medically necessary per the MTUS Guidelines. The MTUS states 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. The MTUS does not support additional injections without evidence of efficacy of prior blocks with 50% pain relief and reduced medication for 6-8 weeks. Additionally, the request does not specify a laterality and the patient does not have clear evidence of radiculopathy specific to the proposed level for injection. For these reasons, the request is not medically necessary.