

<b>Case Number:</b>	CM14-0199097		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 35 year old man with a history of discogenic pain with MRI imaging of 10/16/13 showing multi-level disc degeneration and spondylosis and mil bilateral neural foraminal stenosis at L5-S1. This patient initially failed treatment including medication, 16 sessions of PT, and 3 sessions of chiropractic. On 9/15/14 the patient underwent an L5-S1 interlaminar epidural injection. On 10/6/14, a PR-2 report discusses a recent epidural injection which reduced pain to 3/10. The patient reported taking less oral pain medication (not quantitated). The patient reported less sleep loss due to pain. On exam the patient had an improved gait but still had difficulty rising from a chair. The treating physician felt the patient had benefit from the first ESI and requested another injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second lumbar interlaminar steroid injection at L5-S1, under fluoroscopic guidance:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** MTUS recommends repeat ESI injections if there is objective documented improvement in pain and functional improvement, including 50% pain relief with reduction of medication use for at least 6-8 weeks. The records in this case do not document such specific verifiable reduction in pain medication or verifiable functional improvement after a first epidural injection. Given the available clinical information, the requested second epidural injection is not medically necessary.