

<b>Case Number:</b>	CM14-0023612		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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:

This is a patient with a date of injury of 5/7/13. A utilization review determination dated 2/19/14 recommends non-certification of ESI. Prior ESI was noted to worsen pain. 2/10/14 medical report identifies severe low back pain shooting down left leg to the foot with numbness and tingling. There is occasional radicular pain on the right. Pain is 7/10. On exam, there is positive SLR and diminished sensation along the medial and lateral border of left leg, calf, and foot. Left EHL and plantar flexors are 4+/5. Left sided stretch test and hyperextension maneuver of lumbar spine are both positive. EMG reported left-sided L5 radiculopathy. The provider stated that the patient had one previous ESI with significant pain relief for a few months and another ESI was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L Sided L5-S1 Transforaminal Lumbar ESI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for ESI, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider stated that a prior ESI gave significant pain relief for a few months. However, this was not specific for at least 50% pain relief with functional improvement and decreased medication use. Furthermore, prior medical reports suggest that the patient's pain actually worsened after ESI. Given the lack of clarity regarding the above issues, the currently requested ESI is not medically necessary.

**L Sided L5-S1 Translaminar Lumbar ESI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for ESI, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider stated that a prior ESI gave significant pain relief for a few months. However, this was not specific for at least 50% pain relief with functional improvement and decreased medication use. Furthermore, prior medical reports suggest that the patient's pain actually worsened after ESI. Given the lack of clarity regarding the above issues, the currently requested ESI is not medically necessary.