

<b>Case Number:</b>	CM14-0210853		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 43 year old male with dated of injury 5/21/14. The treating physician report dated 11/05/14 (50) indicates that the patient presents with pain affecting their low back. Patient is status post left L4-5, L5-S1 transforaminal epidural steroid injection on October 10th, 2014. Patient notes 75-85 percent relief of the severe pain, but still has ongoing low back pain. The physical examination findings reveal thoracolumbar spasm on the left side. Positive straight leg raise on the left. The current diagnoses are: 1.Lumbar disc herniation 2.Lumbar radiculopathy The utilization review report dated 11/21/14 denied the request for epidural steroid injections based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar transforaminal epidural steroid injections, Left L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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

**Decision rationale:** The patient presents with back pain. The current request is for Lumbar transforaminal epidural steroid injections, Left L4-L5. The treating physician states, "an additional injection will augment his physical therapy and hopefully get him back to work." The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. The MTUS guidelines go on to state, "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. In this case, the treating physician is prescribing a repeat block 2 weeks after the first injection. There is no way to assess the effectiveness of the first block that requires 6-8 weeks of at least 50% improvement at this time. The current request is not medically necessary.

**Lumbar transforaminal epidural steroid injection, Left L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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

**Decision rationale:** The patient presents with back pain. The current request is for Lumbar transforaminal epidural steroid injections, Left L5-S1. The treating physician states, "an additional injection will augment his physical therapy and hopefully get him back to work." The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. The MTUS guidelines go on to state, "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. In this case, the treating physician is prescribing a repeat block 2 weeks after the first injection. There is no way to assess the effectiveness of the first block that requires 6-8 weeks of at least 50% improvement at this time. The current request is not medically necessary.