

<b>Case Number:</b>	CM14-0212498		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<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, Florida, Texas  
 Certification(s)/Specialty: Internal 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:

According to the records made available for review, this is a 38-year-old male with a 8/8/08 date of injury. At the time (8/8/14) of request for authorization for Lumbar epidural block, there is documentation of subjective (low back pain with numbness to right medial calf, right dorsal lateral foot, and right posterior calf) and objective (not specified) findings, current diagnoses (degenerative disc disease), and treatment to date (medications and previous epidural steroid injection). Medical reports identify that the previous epidural steroid injection was helpful. There is no documentation of at least 50-70% pain relief for six to eight weeks, no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural block.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** California MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of a diagnosis of degenerative disc disease. In addition, there is documentation of a previous epidural steroid injection. However, despite documentation that the previous epidural steroid injection was helpful, there is no documentation of at least 50-70% pain relief for six to eight weeks, no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response following previous injection. In addition, there is no documentation of the specific nerve root level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for Lumbar epidural block is not medically necessary.