

<b>Case Number:</b>	CM14-0215002		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female with an original industrial injury on March 9, 2012. The industrial diagnoses include chronic lumbar spine pain, lumbar radiculopathy, lumbar degenerative disc disease, and lumbar disk bulges at multiple levels. The patient has had previous transforaminal epidural steroid injection performed on March 21, 2014, April 25, 2014, and June 18, 2014. The requesting provider noted that the patient felt relief of 50-70% following these injections. The disputed issue is a request for an additional epidural steroid injection. A utilization review on December 5, 2014 had noncertified this request. The rationale for the denial was that the guidelines recommend no more than two epidural steroid injections, and the recommendation of a fourth is not appropriate at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right-sided L4-5 Transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection/selective nerve root block, 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, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. The patient has had previous transforaminal epidural steroid injection performed on March 21, 2014, April 25, 2014, and June 18, 2014. In this case of repeat injection, the Chronic Pain Medical Treatment Guidelines state that repeat epidural steroid injections 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, there is indication that previous epidural injections have provided at least 50% pain relief according to a progress note from 11/24/2014. However, the duration of this improvement is not noted. When referencing specific progress note which followed each injection, a progress note from April 10, 2014 documented 40-50% relief which is "ongoing." There was functional improvement in the worker being able to walk longer distances, and work around the yard with less pain. A progress note from July 17, 2014 noted that the patient only received 30-40% relief in her pain and at this juncture the patient was 4 weeks out from her epidural steroid injection on June 18, 2014. Therefore, the duration of pain relief of 6-8 weeks has not been demonstrated from previous injection, and a repeat epidural steroid injection is not medically necessary.