

<b>Case Number:</b>	CM14-0219309		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/10/2002
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 06/10/2002. He was diagnosed with lumbar degenerative disc disease. A progress note on 9/18/14 indicated the claimant had tenderness in the paraspinal region. Prior LESI on 8/1/14 provided 100% relief. HE had a 6/10 pain and used Percocet for relief. He had another LESI on 10/13/14 that provided him 100% pain relief. The epidural steroid injections were lasting 2-3 months. A office visit dated 12/12/2014 described subjective symptoms of muscle weakness, difficulty walking, difficulty falling asleep and remaining asleep. His pain was 8/10. Physical examination found gait/station with antalgic gait, strength on left leg is noted weaker at 4/5. There is difficulty with transfers and decreased range of motion of the lumbar spine, with noted positive tenderness and left lower extremity having sensory deficits at L4-5. The middle and lower back area revealed low back with surgical scar, middle back less tender upon palpation. He is also noted with a right knee surgical scar that is wrapped in ACE bandage; positive tender and swelling. He is diagnosed with; lower leg pain, lumbago, lumbar DDD and lumbar facet arthropathy. On 12/22/2014 Utilization Review non-certified a re-peat left ESI at L4-5, noting the California Chronic Pain Medical Treatment Guidelines. On 12/31/2014 IMR application was received requesting another left ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 repeat left epidural steroid injection at L4-5:** 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 rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the claimant had chronic pain that still required Percocet. The request, therefore, for additional lumbar epidural steroid injections is not medically necessary.