

<b>Case Number:</b>	CM15-0001370		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/23/2007
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient's primary diagnosis is lumbosacral disc herniation. A lumbar MRI of 7/3/12 demonstrated multi-level disc dessication and degenerative disc disease with some degenerative foraminal stenosis at L45 and L5S1. This patient is status post bilateral L45 and L5S1 epidural injections of 10/14/13; subsequently the patient reported 50% improvement in pain for 3 weeks. As of 11/6/14, the treating physician saw the patient and documented persistent low back pain with tenderness in the lumbar spine. This physician requested a repeat series of epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI by a Pain Management physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** MTUS recommends repeat epidural injections only if a patient reports at least 50% improvement with improved function and/or reduced medication use for 6-8 weeks; the records do not meet these guidelines at this time. Moreover the records do not clearly document focal neurological findings to support the presence of a radiculopathy at a particular level, nor does the current request specify a particular level for the proposed epidural injection. For these multiple reasons, this patient does not meet the guideline criteria for either an initial or repeat epidural injection. Therefore this request is not medically necessary.