

<b>Case Number:</b>	CM15-0118747		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/29/1999
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 62-year-old male who sustained an industrial injury on 10/29/1999 while pushing a cart of flowers. The injured worker was diagnosed with lumbar degenerative disc disease and herniated nucleus pulposus. Treatment to date has included diagnostic testing, lumbar epidural steroid injections with latest injection in December 2014 and oral medications. According to the primary treating physician's progress report on May 14, 2015, the injured worker continues to experience intermittent low back pain with radiation to the groin and right foot with occasional numbness of the plantar aspect of both feet. The injured worker denies weakness of the lower extremities. Examination demonstrated minimal tenderness to palpation at the midline and 1+ paraspinous tenderness bilaterally. There was no spasm and no sacroiliac or sciatic notch tenderness noted. Deep tendon reflexes of the knees were normal with absent ankle reflexes bilaterally. Motor strength and sensation were within normal limits. Straight leg raise was positive at 80 degrees on the right with back pain radiating to the right foot and negative on the left at 90 degrees. Gait, heel and toe walk were within normal limits. Current medications are listed as Tylenol #3, Anaprox, Zanaflex and Prilosec. Treatment plan consists of continuing with medication regimen and the current request for a repeat epidural steroid injection at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat epidural steroid injection (ESI) at L4-L5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat epidural steroid injections at L4-L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar sprain strain; HNP L4 - L5 with extrusion and bilateral L5 root involvement; severe DDD L5 - S1 with possible bilateral S1 nerve impingement. The injured worker received an epidural steroid injection at L4 - L5 on April 24, 2014. The injection helped greatly. The documentation does not state the duration of pain relief. Similarly, a second epidural steroid injection dated December 2, 2014 was performed that helped greatly. There was no percentage pain relief and duration of pain relief. According to a May 14, 2015 progress note, the injured worker has ongoing low back pain. Objectively, there are minimal clinical findings with a normal neurologic evaluation. There was no documentation of an associated reduction in medication use for 6 to 8 weeks. Consequently, absent clinical documentation of prior epidural steroid injections indicating at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and the duration of pain relief, repeat epidural steroid injections at L4-L5 are not medically necessary.