

<b>Case Number:</b>	CM15-0118794		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/25/1999
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/22/2015
<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

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 73-year-old female, who sustained an industrial injury on 7/25/1999. The records submitted for this review did not clearly document the details of the initial injury. Diagnoses include failed back syndrome. Treatments to date include medication therapy, physical therapy and steroid epidural injections noted to provide relief. Currently, she complained of pain in the neck, low back, left knee and right shoulder. There was lower extremity weakness, numbness, pain and tingling of bilateral lower extremities. She further reported two falls the previous week due to "the back going out". On 5/5/15, the physical examination documented lumbar tenderness, positive facet loading, decreased sensation in lower extremities, and decreased painful lumbar range of motion. The straight leg raise test was positive bilaterally. The plan of care included lumbar epidural steroid injection under fluoroscopy for lumbar radiculopathy as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar (lower back) epidural steroid under fluoroscopy for lumbar (low back) radiculopathy as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Regarding the request for epidural steroid injection, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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 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 no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested epidural steroid injection is not medically necessary.