

<b>Case Number:</b>	CM15-0122917		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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(n) 63 year old female, who sustained an industrial injury on 3/22/11. She reported pain in her lower back and knees related to a trip and fall accident. The injured worker was diagnosed as having multilevel lumbar disc disease and status post lumbar discectomy and fusion in 12/2012. Treatment to date has included physical therapy x 24 sessions, acupuncture, a bilateral epidural injection at L4-L5 on 4/15/15 with 50% improvement, a lumbar MRI on 5/5/15 and an EMG/NCV on 1/28/15 showing left S1 radiculopathy. As of the PR2 dated 6/16/15, the injured worker reports bilateral low back pain that radiates to the lower extremities. The treating physician noted a L5-S1 sensory deficit. The treating physician requested a second transforaminal epidural steroid injection bilaterally at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 and L5 transforaminal epidural steroid injection quantity 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** Regarding the request for epidural steroid injection quantity 2, 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. 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, while the prior injection did provide pain relief, there is no indication of associated reduction of medication use and functional improvement for at least 6 weeks. Furthermore, a series of injections is not supported and, unfortunately, there is no provision for modification of the current request to allow for a single injection. In light of the above issues, the currently requested epidural steroid injection quantity 2 is not medically necessary.