

<b>Case Number:</b>	CM15-0125904		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 38 year old male with an industrial injury dated 01/03/2013. The injured worker's diagnoses include lumbar radiculopathy and L4-5, L5-S1 herniated nucleus pulposus with neuroforaminal stenosis. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine, prescribed medications, interlaminar injection and periodic follow-up visits. In a progress note dated 05/08/2015, the injured worker reported low back pain radiating to right posterolateral thigh to foot. The injured worker rated pain an 8/10 with numbness in the L5 distribution. Objective findings revealed antalgic gait, bilateral positive straight leg raises, decreased sensation at right L5 and difficulty with heel-toe walk. The treating physician prescribed services for right L4-5, L5-S1 transforaminal epidural injection, under MAC (monitored anesthesia care) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5, L5-S1 transforaminal epidural injection, under MAC (Monitored Anesthesia Care): Upheld**

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

**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. 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 repeat lumbar epidural steroid injection is not medically necessary.