

<b>Case Number:</b>	CM15-0173189		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 37-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of April 6, 2015. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for a second lumbar epidural steroid injection at L4-L5. The claims administrator contended that the applicant had received an earlier epidural steroid injection of July 17, 2015. The claims administrator seemingly invoked both the MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM Practice Guidelines in its determination. A July 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an August 31, 2015 work status report, the applicant was seemingly returned to regular duty work. Lumbar MRI imaging of June 1, 2015 was notable for mild canal stenosis and moderate bilateral neuroforaminal narrowing at L4-L5 secondary to a 2-mm disc bulge appreciated at that level. On June 10, 2015, the applicant was again returned to regular duty work. The applicant was described as a possible epidural steroid injection candidate. The remainder of the file was surveyed. The July 27, 2015 office visit on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second lumbar epidural steroid injection under fluoroscopy at right L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** No, the request for an L4-L5 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there should be radiographic and electrodiagnostic corroboration of radiculopathy. Here, however, it did not appear that there was in fact radiographic or electrodiagnostic corroboration of radiculopathy at the level in question, L4-L5. Lumbar MRI imaging of June 1, 2015 did not seemingly uncover much pathology at the L4-L5 level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat blocks should be predicated on evidence on continued documented pain relief and functional improvement with earlier blocks, including at least 50% pain relief with associated reduction in medication usage for 6 to 8 weeks. Here, however, the July 27, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet. The presence or absence of the requisite amounts of pain relief with a prior epidural steroid injection was not seemingly established. Therefore, the request was not medically necessary.