

<b>Case Number:</b>	CM15-0174491		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old sustained an industrial injury on 5-18-12. Documentation indicated that the injured worker was receiving treatment for injuries to bilateral shoulders, low back, right hip and right knee. Previous treatment included physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, injections and medications. In a PR-2 dated 6-9-15, the injured worker complained of neck and back pain. The injured worker reported that a January 2015 epidural steroid injection helped the neck and back until May 2015. Physical exam was remarkable for tenderness to palpation to the cervical spine, thoracic spine, lumbar spine with "decreased" range of motion and positive right straight leg raise. The treatment plan included requesting authorization for a third lumbar spine epidural, continuing therapy and cervical spine magnetic resonance imaging. On 8-20-15, Utilization Review noncertified a request for lumbar epidural injection. The patient had received an unspecified number of PT visits for this injury. The patient had received a lumbar ESI on 3/15/15 with more than 50% improvement for this injury. Per the note dated 7/29/15 the patient had complaints of pain in low back with radiculopathy in lower extremity. Physical examination of the lumbar spine revealed painful ROM. The medication list includes Anaprox. The patient has had MRI of the lumbar spine on 2/17/15 that revealed disc protrusions, and foraminal narrowing. The patient has had history of stress. The electrodiagnostic studies of the upper extremities and lower extremities on (4-14-2015) were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". The electrodiagnostic studies of upper extremities and lower extremities on (4-14-2015) were normal. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications (including anticonvulsants) was not specified in the records provided. The patient had received a lumbar ESI on 3/15/15 with more than 50% improvement for this injury. Per the cited guidelines, "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". Evidence of objective documented pain and functional improvement, including at least 50% pain relief that lasted for six to eight weeks after the previous ESIs was not specified in the records provided. Evidence of associated reduction of medication use, after the previous ESI, was not specified in the records provided. With this, it is deemed that the request for Lumbar epidural injection is not medically necessary or fully established for this patient.