

<b>Case Number:</b>	CM15-0026037		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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

### 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 46 year old male, who sustained an industrial injury on 7/20/10. He has reported pain in the back and bilateral shoulders related to cumulative trauma. The diagnoses have included lumbar sprain and lumbar radiculopathy. Treatment to date has included lumbar MRI, physical therapy, acupuncture and oral medications. As of the PR2 dated 12/11/14, the injured worker reports low back pain when sitting for long periods of time. The treating physician requested a lumbar epidural steroid injection. On 2/2/15 Utilization Review non-certified a request for a lumbar epidural steroid injection, The utilization review physician cited the MTUS chronic pain medical treatment guidelines. On 2/6/15, the injured worker submitted an application for IMR for review of a lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with pain and weakness in his lower back and right leg. The request is for LUMBAR EPIDURAL STEROID INJECTION ESI. Per 10/02/14 progress report, the patient has had injections in the past. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. In the therapeutic phase, 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." In this case, the treater requests for Lumbar ESI because the patient has residual pain and limitations despite physical therapy, chiropractic, acupuncture, medications and TENS unit. The patient present with clear radiating leg symptoms along with an MRI showing disc protrusion with possible nerve root lesion. But the examination findings are less than clear with no documentation of nerve root problems such as motor/sensory or root tension signs. Furthermore, the reports indicate that the patient has had prior ESI but there is no documentation of 50% reduction of pain lasting 6-8 weeks at least, along with functional improvement/medication reduction. The request IS NOT medically necessary.