

<b>Case Number:</b>	CM15-0028194		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/15/1986
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 56 year old male who sustained an industrial injury on 09/15/1986. Diagnoses include chronic pain syndrome, lumbar/lumbosacral disc degeneration, lumbosacral spondylosis, lumbago, and nerve pain. Treatment in documents present to date has included medications. A physician progress note dated 01/13/2015 documents the injured worker complains of worsening chronic neck pain, located in the left and right paracervical area and is radiating to the left and right trapezius. Pain is described as dull, throbbing, constant and worsening. He is also having right knee pain. There is giving way, grinding, tenderness and it is constant. He has painful lumbar muscles with left and right lateral rotation. The lumbar spine is tender at the spinous processes and facet joints. There is tender left paralumbar and right paralumbar. Treatment requested is for Two Lumbar Epidural Steroid Injections. On 01/16/2015 Utilization Review non-certified the request for two lumbar epidural steroid injections and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two Lumbar Epidural Steroid Injections:** Upheld

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

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

**Decision rationale:** Two Lumbar Epidural Steroid Injections are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 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. The documentation is not clear on the patient's radicular physical exam findings. Furthermore, the MTUS does not recommend a repeat epidural steroid injection without efficacy of a prior injection. Additionally, the request does not indicate a level or laterality. For these reasons the request for two lumbar epidural steroid injections is not medically necessary.