

<b>Case Number:</b>	CM15-0042521		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 55 year old female, who sustained an industrial injury on July 23, 2012. The diagnoses have included lumbar disc displacement without myelopathy. Treatment to date has included anti-inflammatory, muscle relaxants and opioid medication, transforaminal lumbar epidural steroid injection in July 2013. Currently, the injured worker complains of low back pain with radiation of pain down the lateral aspect of her right thigh, which crossed over her knee and ran along the medial aspect of her calf to her foot. In a progress note dated February 5, 2015, the treating provider reports examination of lumbar spine revealed spasm and guarding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L4-L5 (including epidurogram, fluoroscopic guidance and IV sedation): Upheld**

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

**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 her lower back and lower extremity. The patient is s/p carpal tunnel release in 2005. The request is for LUMBAR EPIDURAL STEROID INJECTION AT L4-5 (INCLUDING EPIDUROGAM, FLUOROSCOPIC GUIDANCE AND IV SEDATION). Per 02/05/15 progress report, the patient has had "transforaminal lumbar epidural injection in July 2013, which did provide 60% decrease in pain for approximately 4-5 months." The patient is currently working full time. MTUS pages 46 and 47 states that Epidural Steroid Injections "ESI 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 requested for ESI because "the patient's symptoms have returned and the patient may benefit from a repeat injection." The treater has documentation that the patient had 60% pain reduction following lumbar epidural injection on 02/05/13. The patient is currently working and the symptoms have appear to have returned. A repeat injection may be reasonable but the reports do not include an MRI or EMG showing a clear diagnosis of radiculopathy. The treater does not discuss it either. The patient does present with a clear dermatomal distribution pain down the right leg but without corroborating documentation on imaging study showing nerve root lesion, an ESI would not be indicated. The request IS NOT medically necessary.