

<b>Case Number:</b>	CM13-0045079		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 & Rehabn

### 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 patient is a 56 year old female with an injury date on 6/7/10. The patient complains of back pain rated 10/10 on VAS scale with onset of 10 months ago of unknown cause per 8/23/13 report. The back pain occurs daily, constantly, and radiates into the bilateral lower extremities, left > right per 8/23/13 report. The patient does not use assistive devices, and the pain is worsened with bending, sitting, standing, and walking per 8/28/13 report. Based on the 8/23/13 progress report provided by the treating physician, the diagnoses are: 1. lumbar disc degeneration w neurological manifestation 2. s/p lumbar surgery 3. radicular pain A physical exam on 8/23/13 showed "abnormal straight leg raise test. Normal range of motion of L-spine. Tenderness to palpation of left lower back." The patient's treatment history includes medications, L4-5 discectomy, massage, cryotherapy. The treating physician is requesting lumbar epidural steroid injection #2. The utilization review determination being challenged is dated 10/16/13. The requesting physician provided treatment reports from 7/26/13 to 8/28/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection #2:** Upheld

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

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

**Decision rationale:** This patient presents with back pain. The provider has asked for lumbar epidural steroid injection #2 on 8/28/13. The 8/28/13 report states: "the patient has agreed for the second epidural steroid injection since it did afford her relief." Reviews of the reports do not indicate the date of the prior epidural steroid injection. An L-spine MRI on 3/16/13 showed small posterior disc bulge at L3-4, L4-5, and L5-S1, and multilevel degenerative disc disease and facet arthropathy with narrowing of central spinal canal and neural foramina. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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 patient had a prior epidural steroid injection of unknown date that did provide relief according to the patient. Review of reports from 7/26/13 to 8/28/13, however, did not include documentation of 50% improvement in pain relief and associated reduction in medication as per MTUS guidelines for repeat injections. Furthermore, MRI showed degenerative changes with bulging discs only and the patient already had laminectomy surgery in the past. ODG does not support post-op ESI stating, "Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." The request is not medically necessary.