

<b>Case Number:</b>	CM14-0141769		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified Physical Medicine & Rehabilitation, has a subspecialty in and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 72-year-old male with an 11/24/12 date of injury. At the time (8/18/14) of Decision for L3-L4 Epidural steroid injection, left, there is documentation of subjective (low back pain) and objective (antalgic gait, mild tenderness to palpitations throughout the lumbar musculature, decreased range of motion in the lumbar region secondary to pain, positive straight leg raise, and absent deep tendon reflexes bilaterally) findings, current diagnoses (lumbar spinal stenosis with bilateral leg radiating symptoms and bilateral knee degenerative joint disease), and treatment to date (medications and epidural injection)). 3/25/14 medical report identifies 50% pain relief following previous injection, patient ability to ambulate with greater ease, and decreased amount of breakthrough medications. There is no documentation of pain relief for six to eight weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 Epidural steroid injection, left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis with bilateral leg radiating symptoms and bilateral knee degenerative joint disease. In addition, there is documentation of a previous lumbar epidural steroid injection. However, despite documentation of at least 50-70% pain relief following previous injection, decreased need for pain medications, and functional response, there is no documentation of pain relief for six to eight weeks. Therefore, based on guidelines and a review of the evidence, the request for L3-L4 Epidural steroid injection, left is not medically necessary.