

<b>Case Number:</b>	CM14-0143855		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 64-year-old male who sustained an injury to his low back on 04/25/13 due to cumulative trauma while performing his usual and customary duties that required lifting. Treatment to date has included acupuncture, work hardening/conditioning program, epidural steroid injections, physical therapy, sacroiliac joint injections, activity modifications, and work restrictions. MRI of the lumbar spine dated 12/19/13 revealed mild central stenosis at L4-5, L5-S1, and L3-4, various sized broad-based disc protrusions/disc herniations and short pedicles with ligamentum flavum redundancy. Physical examination noted able to heel/toe walk; no tenderness from L1 through sacrum or spasms bilaterally; range of motion unrestricted; lumbar spine range of motion accomplished without pain or patient expressing any complaints during maneuvers; no evidence of pain radiating in the bilateral lower extremities on lumbar spine range of motion; straight leg raise positive right; positive Faber's sign; positive thigh thrust and distraction signs; motor strength within normal limits in the bilateral lower extremities; sensory and reflexes within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Transforaminal Epidural Steroid Injection L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back, chronic pain and Epidural Steroid Injection.

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

**Decision rationale:** The request for right transforaminal epidural steroid injection at L4-5 and L5-S1 is not medically necessary. The previous request was denied on the basis that the patient has had recent similar injections without documented sustained functional improvement; and, without new hard clinical indications for a need to repeat injections, according to current evidence based guidelines, the request was not deemed medically appropriate. The California MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented improvement in pain and function, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Given this, the request for right transforaminal epidural steroid injection at L4-5 and L5-S1 is not indicated as medically necessary.