

<b>Case Number:</b>	CM13-0001686		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	11/02/1991
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 67-year-old man who was reportedly injured on November 2, 1991. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 20, 2014, indicates that there are ongoing complaints of low back pain. Recent epidural steroid injections were stated to have provided minimal relief. Motrin was stated to help when taken along with Norco. The physical examination demonstrated tenderness to the right side of the lumbar spine along the paravertebral muscles. Lower extremity strength was rated at 5/5. Diagnostic imaging studies objectified advanced degenerative disc disease with significant disk space narrowing at multiple levels and a far right disc protrusion at L3/L4 and L4/L5 and left-sided neuroforaminal narrowing at L5/S1 near the left L5 nerve root. Neurontin was prescribed. Previous treatment includes physical therapy, epidural steroid injections, and knee injections. A request had been made for transforaminal epidural steroid injections and was not certified in the pre-authorization process on July 5, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A TRANSFORAMINAL EPIDURAL STEROID INJECTION, L3-4, BILATERAL WITH FLUOROSCOPY, 3 TIMES A WEEK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections chapter Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections chapter Page(s): 46.

**Decision rationale:** According to the progress note, dated January 20, 2014, minimal relief was achieved with recent epidural steroid injections. However, the same note also states that 2 epidural steroid injections had provided 100% pain relief lasting three months. It is unclear on what dates any of these epidural steroid injections occurred. The criteria for epidural steroid injections include evidence of a radiculopathy on physical examination corroborated by imaging studies. The progress note dated January 20, 2014, states a normal lower extremity neurological examination. Considering this lack of evidence for radiculopathy, the request for transforaminal epidural steroid injections bilaterally at L3-4, 3 times a week is not medically necessary.