

<b>Case Number:</b>	CM13-0005875		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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 patient has chronic low back pain. MRI the lumbar spine from July 2012 reveal severe central stenosis at L3-4. The patient has a compression fracture at T12. A disc protrusion at L3-4 is present. There is facet hypertrophy and degeneration at L5-S1. The patient had previous laminotomy at L4-5. The patient had physical therapy, which helped for a short period of time. Currently takes not an oblique for pain. Physical examination reveals decreased sensation throughout all four extremities. Gait is antalgic. There is a foot drop on the right side. Patient is unable to heel toe walk. There is weakness of right knee flexion ankle dorsiflexion EHL and ankle plantar flexion. Back has a limited range of motion. There is muscle atrophy on the left at the calf. Straight leg raise is positive on the right side. At issue is whether L3-4 transforaminal steroid injections medically needed. Electrodiagnostic report from April 2013 reveals distal symmetric sensory motor axonal peripheral polyneuropathy. There is a chronic and minimal bilateral L5 radiculopathy. The patient had bilateral L3-4 transforaminal epidural steroid injections with 40% improvement in pain. This was the patient's second set of injections. At issue is whether her third injection is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral L3-4 transformainal epidural steroid injection:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: This patient does not meet criteria for her third L3-4 transforaminal epidural steroid injection. The patient complains of low back and bilateral leg pain. The patient recently underwent a second set of L3 for epidural steroid injections with a proximally 40% improvement of pain. The provider states that the patient had significant relief from the previous two epidural steroid injections but continues to have residual pain. Guidelines indicate that repeat epidural steroid injection should be based on continued object of documentation of pain relief and functional improvement, including at least 50% relief and associated reduction of medication use for 6-8 weeks. Currently search does not support a series of three injections in either diagnostic or therapeutic phase. Guidelines recommend no more than two injections. In this case, the patient's surgery had two epidural steroid injections. In addition, the medical records document only 30-40% improvement in the patient's symptoms after the last epidural steroid injection. Guidelines for additional epidural steroid injection are not met. Guidelines indicate that repeat injection is for patients who at least 50% pain relief with associated reduction of medication uses for 6-8 weeks. This patient does not meet criteria for another injection.