

<b>Case Number:</b>	CM13-0009112		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/11/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 70-year-old female, who sustained an injury to her low back on 07/11/06 when a developmentally delayed child caught her by her hair and pulled it. She had a traumatic injury causing her to twist and she immediately noted back pain. The injured worker sustained an exacerbation on 11/07/06, when she was trying to catch an autistic child, she further strained her back. She subsequently underwent back surgery in February of 2007. The records indicate that the injured worker has a diagnosis consistent with lumbar disc disease, with a herniation and left sided radiculopathy, status post L4-5 fusion with titanium screws and L4-5, L5-S1 laminectomy. Complicating issues included diabetes and fibromyalgia and the injured worker is determined to be permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal epidural steroid injection (TFESI) at L2-L3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The previous request was denied on the basis that the injured worker obtained minimal relief from the previous caudal epidural steroid injection. It was also documented that the previous treatment included a left transforaminal epidural steroid injection (TFESI) at L2-3, in which the date of the procedure and the injured worker's response to treatment were not documented. The Chronic Pain Guidelines indicate that in the therapeutic phase, repeat blocks should 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 (6-8) weeks. Given the inefficacy of the previous caudal epidural steroid injection and the lack of documented relief following the previous lumbar epidural steroid injection at the requested level, the request for a (TFESI) at L2-L3 is not indicated as medically necessary.