

<b>Case Number:</b>	CM13-0009484		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/25/1997
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 51 year old male who reported an injury on 7/25/97; the worker was injured when he jumped out of a patrol car while trying to grab a suspect. The injured worker complained of having pain across the lumbar spine. The injured worker rated his pain 4-5/10 at best, 10/10 at its worst and 5/10 on average. The injured worker also complained that his left hip and left lower extremity were causing him discomfort. The injured worker stated that the radicular pain continued to be intermittent and he could not site proactive maneuvers. On physical examination the injured worker had decreased sensation to pinprick in the left lower extremity in an L4-L5, S1 dermatomal pattern. The provider indicated the injured worker's left patellar reflex was 3+/5 compared to 5+/5 on the right and Achilles reflex on the left was 0/2 compared to 2/2 on the right. The injured worker had diagnoses of lumbar facet arthropathy, low back pain, sciatica, lumbar radiculopathy, and lumbar disc displacement/rupture. The documentation reported the injured worker had been treated by a chiropractor, physical therapy, transforaminal epidural steroid injections, and medications. MRI was reported to have revealed that there was desiccation of the disc from L2-L3 to L5-S1. The L4-L5 and L5-S1 discs were mildly reduced in height. On 11/23/10 the injured worker underwent epidural steroid injections at left L3-L4 and left L5-S1. The injured worker repeated the epidural steroid injections on 8/10/11 at right L4-L5, left L4-L5, left L5-S1, and left L5-S1. The treatment plan included a third set of bilateral transforaminal epidural steroid injections at L4-L5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-L5, L5-S1 LEVELS:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines note, 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 weeks, with a general recommendation of no more than four blocks per region per year. Epidural steroid injection can offer short term pain relief and use should be used in conjunction with other rehabilitative efforts, including continuing a home exercise program. The injured worker received epidural injections on 11/23/10 and 08/10/11. There is a lack of documentation indicating the efficacy of the prior exam as evidenced by at least 50% reduction of pain for 6-8 weeks, decreased medication usage, and significantly increased function. As such, the request is not medically necessary.