

<b>Case Number:</b>	CM13-0011337		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 is a 38 year old female with a date of injury of 05/03/2010. The listed diagnoses per [REDACTED] dated 06/10/2013 are lumbar radiculopathy, lumbar facet arthropathy and chronic pain. According to report dated 06/10/2013 by [REDACTED], patient presents with low back pain that radiates to the right lower extremities to the level of the foot. Pain is associated with numbness in the lower extremity. Examination of the lumbar spine showed moderate reduction in range of motion secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4-S1 level. Sensory examination showed decreased touch in the right lower extremity. Decreased sensation was noted along the L5-S1 dermatome. Straight leg raise in the seated position and leg fully extended was positive on the right at 70 degrees. MRI dated 09/28/2011 revealed at L5-S1 mild disc desiccation with decreased intervertebral disc space height. There is a broad-based disc bulge measuring approx. 4mm with minimal impression on the anterior thecal sac. EMG/NCS dated 05/03/2013 was normal for the bilateral extremities. Operative report dated 05/03/2013 notes right L4-5 and right L5-S1 transforminal annulations lumbar epidural with infusion local anesthetic and corticosteroid administered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A right L4-S1 epidural steroid:** 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 Page(s): 46.

**Decision rationale:** This patient presents with low back pain that radiates into the lower right extremities. On 06/10/2013, the treater requested a repeat right L4-5 and right L5-S1 lumbar epidural injection as the patient reported excellent (>80%) overall improvement. The noted duration of the improvement was 1 week. On 09/09/2013, the treater appealed denial arguing patient had positive response to the transforaminal ESI which provided 90+% pain relief for 1 week. In this case, the treater has documented the percentage of relief and the duration. However, the MTUS guidelines state under criteria for use of Epidural steroid injections 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 weeks, with a general recommendation of no more than 4 blocks per region per year. Given this patient had no mention of reduction in pain medication and the duration of relief from prior injection lasted only 1 week, recommendation for a repeat ESI is denied.