

<b>Case Number:</b>	CM13-0014889		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Family Practice and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 09/05/2008 due to a fall that caused injury to his low back. The patient ultimately underwent surgical intervention and received postoperative chronic pain management to include physical therapy, medications, and epidural steroid injections. The patient's most recent epidural steroid injection was documented to be in 02/2012. The patient's most current clinical evaluation reveals tenderness to palpation over the lumbar musculature with a positive right-sided straight leg raising test and reduced reflexes in the right lower extremity with decreased sensation to pin prick in the L5-S1 distribution. The patient's diagnoses included postlaminectomy syndrome, low back pain, spinal/lumbar degenerative disc disease, and lumbar radiculopathy. The patient's treatment plan included continuation of medications and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Transforaminal Lumbar Epidural Steroid Injection at the right L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested 1 Transforaminal Lumbar Epidural Steroid Injection at the right L5-S1 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received this type of treatment. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for a duration of at least 6 weeks to 8 weeks with documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence to support the efficacy of the prior injection. There was no evidence of pain relief, duration of symptom relief, or evidence of functional benefit submitted for review. As such, an additional epidural steroid injection would not be indicated. Therefore, the requested 1 Transforaminal Lumbar Epidural Steroid Injection at the right L5-S1 is not medically necessary or appropriate.