

<b>Case Number:</b>	CM13-0015892		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 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 40 year old male who repeated an injury on 01/08/2002. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 09/06/2013 reported the patient continued to complain of lower back pain, rating his pain at 4-5/10. There was noted improvement since previous appointment. The patient had been able to reduce his medications, and had less severe pain spikes. The patient continues to work full duty. There is decreased range of motion to lumbar spine in all planes, positive straight leg raise, and decreased sensation to L4, L5, and S1 dermatomes to the right. The patient was referred for continuation of home exercise program, and Norco 10/325mg, Pamelor, Flexiril, Voltaren, and Prilosec were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Transforaminal Epidural injection, right L5-S1 (1 of 6): Upheld**

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS states an epidural steroid injection is recommended as an option for the treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Guidelines further indicate repeat injections should be based on objective improvement to include 50% pain relief with associated decrease in medication use for 6-8 weeks. The clinical information a previous epidural steroid injection; however, there is no documentation of the effectiveness of the prior epidural steroid injection to meet guideline criteria. As such, the request for repeat transforaminal epidural injection, right L5-S1 is non-certified.