

<b>Case Number:</b>	CM13-0019488		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	07/04/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of January 11, 2012. Treatment to date has included medications, and transforaminal epidural steroid injection at bilateral L4-5, with no (<5%) overall improvement. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to the bilateral lower extremities. On physical examination, there was moderate reduction of range of motion of the lumbar spine with tenderness at the L4-S1 level. Sensorimotor examination "revealed no change." Utilization review from July 31, 2013 denied the request for unknown lumbar epidural steroid injection at L3-L5 interlaminar x unspecified number of injections, under fluoroscopic guidance because there was no clinical information available with current physical exam findings to justify the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION L3-L5 INTERLAMINAR UNDER FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and the injections should be performed using fluoroscopy. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. A second block is not recommended if there is inadequate response to the first block. In this case, a transforaminal epidural steroid injection at bilateral L4-5 was previously performed with no (<5%) overall improvement. Thus, a repeat injection is not warranted. Therefore, the request for Lumbar Epidural Steroid Injection L3-L5 Interlaminar Under Fluoroscopic Guidance is not medically necessary.