

<b>Case Number:</b>	CM13-0019860		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Orthopedics and is licensed to practice in New York. 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 43-year-old male with the date of injury of November 2011. The patient has been receiving E. a size to 3 months without marked medical improvement. The patient has been indicated for interbody fusion surgery. Physical examination reveals sensory loss over the right great toe and left lateral foot. MRI shows spinal stenosis at L5-S1 with bilateral L5 nerve root impingement. At issue is whether lumbar epidural steroid injections medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Bilateral Transforaminal Injection:** Upheld

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

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

**Decision rationale:** This patient does not meet established criteria for repeat lumbar epidural steroid injection. Specifically, the patient has had numerous previous lumbar epidural steroid injections without documentation of significant improvement. In addition, guidelines do not poor a series of 3 epidural steroid injections. Multiple epidural steroid injections for the treatment of chronic low back pain and not supported by guidelines. In addition, when epidural steroid injections do not result in documented relief of the patient's symptoms, additional

epidural steroid injections are not medically needed. This patient clue does not meet establish criteria for repeat epidural steroid injection.