

<b>Case Number:</b>	CM13-0020635		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 45-year-old male who reported injury on 04/09/2010. The mechanism of injury was noted to be the patient experienced an injury while unloading a truck. The patient was noted to have undergone an epidural steroid injection, chiropractic care, physical therapy, and acupuncture with no long-term benefit. The patient underwent the epidural on 02/05/2013 at the level of L5 and S1. The physical examination revealed the patient had a sensory examination that was intact bilaterally to the lower extremities. The patient had motor strength of 4+/5 bilateral TA, EHL, inversion, and eversion. Reflexes were noted to be normal. The patient's diagnoses were noted to include grad 1 spondylolisthesis L5-S1, HNPs of the lumbar spine, lumbar radiculopathy, and L5 spondylosis. The physician opined the patient should have future medical treatment including injections up to 3 lumbar epidural steroid injections per year and the possibility of a lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERALLY AT L5-S1 64484:** 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:** California MTUS Guidelines recommend for repeat epidural steroid injections there must be objective documented pain relief and functional improvement, indicating at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Clinical documentation submitted for review indicated the patient had a prior epidural steroid injection at the requested levels in 02/2013. There was a lack of documentation of the above including a decrease in the VAS score and objective functional improvement. As such, the request for a repeat transforaminal epidural steroid injection bilaterally at L5-S1 64484 is not medically necessary