

<b>Case Number:</b>	CM13-0028775		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 and Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who complained of increasing, radiating 6 out of 10 lower back pain. He also complained of intermittent numbness and tingling down his lower extremities. He was previously treated with an epidural steroid injection with over 50% improvement in his symptoms. The patient was referred to a functional restoration program for additional advice on how to treat his ongoing symptoms, which he completed. The patient was to complete an aftercare program but no documentation was provided to support completion. The patient stated that he continued a home exercise program as tolerated. The patient stated that he had improved function with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar epidural steroid injection, bilateral L5-S1, with lumbar myelography and lumbar epidurogram, under fluoroscopic guidance, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for 1 lumbar epidural steroid injection, bilateral L5-S1, with lumbar myelography and lumbar epidurogram, under fluoroscopic guidance, is non-certified. The documents provided state that the patient had a previous epidural steroid injection with 50% relief for at least 3 months. However, no documentation was provided stating the location of the previous epidural steroid injection. No documentation has been provided for review with physical exam findings of radiculopathy in the L5-S1 distribution. The documents provided reference an MRI though no imaging studies were provided for review. Given the above, the request for 1 lumbar epidural steroid injection, bilateral L5-S1, with lumbar myelography and lumbar epidurogram, under fluoroscopic guidance, is non-certified.