

<b>Case Number:</b>	CM13-0030721		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Orthopedic Surgery, 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 claimant is a 60-year-old female who was injured on June 25, 2007. The clinical records reviewed indicate the claimant sustained injury to the lumbar spine and neck. The clinical records reviewed include documentation that the claimant has undergone multiple recent epidural injections about the cervical and lumbar spine. An October 1, 2013 assessment with [REDACTED]. [REDACTED] is handwritten indicating continued arm pain as well as low back pain with radiating leg pain. Objectively, he notes positive bilateral straight leg raising with equal and symmetrical reflexes, 5/5 motor strength and diminished left sensory exam in an L4 distribution. He indicates the claimant had two recent epidural injections to the lumbar spine. A third epidural injection for a diagnosis of "neck and low back pain" was recommended. Formal reports reviewed do not give formal imaging reports from prior studies specific to the lumbar back. However, there is documentation that a previous lumbar MRI showed grade I spondylolisthesis at L5-S1 resulting in stenosis and a 2 millimeter disc bulge at L4-5. As stated, formal imaging is not available for review. Presently, there is a request for a third epidural steroid injection to the lumbar spine at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Third epidural steroid injection to the L5-S1:** 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 (ESIs) Page(s): 46.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, epidural injection in this case would not be indicated. First and foremost, there is no clear documentation of radiculopathy documented by physical examination that is corroborated by imaging studies and/or electrodiagnostic testing. When further looking at Guidelines, repeat injections are only indicated if 50% pain relief with documented functional improvement and reduction of medication use is noted for six to eight week period of time. The records in this case do support prior improvement from previous epidural injections to satisfy Guideline criteria. The specific request in this case based on the claimant's current clinical presentation and two recent epidural injections performed without documented efficacy would not be indicated.