

<b>Case Number:</b>	CM13-0032450		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 64-year-old male who reported an injury on 11/08/2004, due to a backwards fall over a 6-wheel cart. The patient sustained a low back injury. A MRI revealed a broad based disc bulge at the L4-5 with mild bilateral neural foraminal encroachment and a broad based disc bulge at the L5-S1, with mild central canal stenosis. The patient has received several epidural steroid injections. The patient's most recent epidural steroid injection occurred in 08/2013. It was noted that the patient has 75% improvement with that injection. The patient's most recent physical examination findings included improved flexibility as a result of the prior epidural steroid injection; range of motion described as flexion of 65 degrees, extension of 10 degrees, side bilateral bending at 15 degrees, and bilateral rotation of 25 degrees. It was noted that the patient continued to have diminished reflexes of the right ankle and tenderness to palpation over the right lower lumbar spine. The patient's diagnoses included a chronic strain/sprain of the lumbar spine with disc herniation at the L5-S1 level. The patient's treatment plan included continuation of medications and a third epidural steroid injection in a series of 3 injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for third interlaminar epidural steroid injection at L5-S1: Upheld**

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

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

**Decision rationale:** The third interlaminar epidural steroid injection at the L5-S1 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient received significant pain relief as a result of the prior injection. However, it is documented that this is a third injection in a series. The California Medical Treatment Utilization Schedule does not recommend a series of 3 injections. The guidelines support a maximum of 2 injections. There are no exceptional factors documented to support extending treatment beyond guidelines recommendations. As such, the requested third interlaminar epidural steroid injection at the L5-S1 is not medically necessary or appropriate.