

<b>Case Number:</b>	CM13-0032610		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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, has a subspecialty in Interventional Spine, 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 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 69-year-old male with a date of injury of 04/27/2010. The listed diagnosis, per [REDACTED], dated 05/30/2013, is industrial aggravation of underlying lumbar stenosis, L3-L4 with radiculopathy. According to this report, the patient complains of low back pain that increases with prolonged bending, stooping, or heavy lifting. The patient began treatment and was ultimately noted to have multilevel degenerative disk disease with specific stenosis at L3-L4. The patient was seen on 03/06/2014 for an agreed medical evaluation by [REDACTED] and was noted to require additional care including epidural steroid injection. The patient has been received epidural steroid injections but unfortunately it only provided temporary relief. The physical exam shows gait is normal, various tenderness to palpation in the paraspinal muscles, and the sacroiliac joints. Neurological examination shows positive straight leg raise at 80 degrees on the right and 70 degrees on the left. Sensation is decreased on the right and intact on the left. There is decreased sensation below the S1 on the right thigh and leg. Muscle strength testing is intact. The utilization review denied the request on 09/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is requesting a transforaminal lumbar epidural steroid injection. The MTUS Guidelines, page 46 and 47, on epidural steroid injections recommend this option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings on the MRI. Furthermore, no more than 2 nerve levels should be injected using transforaminal blocks. In addition, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per region per year. The fifty-four (54) pages of records do not show any recent or prior MRI of the lumbar spine. The records also show that the patient underwent a transforaminal epidural steroid injection at left L4 and L5 on 03/05/2013. The progress report dated 05/30/2013 documents the patient has been provided epidural steroid injection, but unfortunately, these only provided relief for a period of time and he has required repeat injections. Given the lack of functional improvement, a repeat ESI is not warranted. Furthermore, the treating physician failed to provide the requested level for the ESI and imaging studies are missing. Recommendation is for denial. The request is not medically necessary and appropriate.