

<b>Case Number:</b>	CM13-0037696		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine and Rehabilitation 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 patient is a 65-year-old male who reported an injury on 05/04/2010. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, and chronic pain. His symptoms are noted to include low back pain with radiation to the right lower extremity. His objective findings are noted as decreased sensation along the L4-5 dermatome bilaterally, decreased motor strength in the bilateral lower extremities along the L4-5 dermatome and bilateral positive straight leg rise testing. It was noted that the patient had a previous epidural steroid injection at the L4-5 level on 02/19/2013 and had reported 50% to 80% improvement. It was noted that the patient had increased function and was able to decrease his pain medications. The duration of improvement was noted as 1 week. A recommendation was made for a repeat therapeutic epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar epidural steroid injection L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections may be recommended when there are positive objective findings consistent with radiculopathy and corroboration with imaging studies. Additionally, 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 at least 6 to 8 weeks. The patient was noted to have reported a 50% to 70% improvement in his symptoms; however, the improvement was only noted to have lasted for 1 week. Additionally, there was no imaging studies provided in the medical records in order to corroborate with objective findings. For these reasons, the requested service is non-certified.