

<b>Case Number:</b>	CM13-0039694		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/29/2001
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/23/2013
<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 Family Medicine, 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:

This injured worker's date of injury is 03/29/200. The original injury occurred while unloading boxes. The patient has had two lumbar operations. The patient had radio frequency ablation of L4-5 and L5-S1 branches. The patient received epidural steroid injection of the right L5-S1 and S1-S2 regions. The treating physician's note dated 09/13/2013 states the following clinical points. This patient is receiving treatment for chronic low back pain with radiation to both lower extremities, right greater than left. The patient's CT scan of the lumbar spine shows surgical fusion L4-5 and an L4 laminectomy. There are signs of mild to moderate foraminal stenosis on both sides. An MRI of this region supports these findings. On exam the patient arrives in a motorized wheel chair. There is tenderness on palpation in the paralumbar muscles. There is very limited ROM in the lumbar spine. He arises with difficulty. The request is for a lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSFORAMINAL LUMBAR EPIDURAL INJECTION RIGHT L4-L5 QTY: 1.00:**  
Upheld

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

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

**Decision rationale:** ESIs may be a suitable option in managing chronic back pain, when the appropriate criteria are met. The pain must be in a dermatomal distribution with corroborative findings of radiculopathy. A maximum of 2 injections is recommended. These injections can offer short term relief in the correctly selected patient. The documentation in this injured worker, who has been treated since 2001, does not meet these criteria. Additional transforaminal steroid injections are not medically indicated.