

<b>Case Number:</b>	CM13-0043269		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/01/2006
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 & Rehabilitation, and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 06/01/2006. The mechanism of injury was not provided. The patient was noted to have the diagnosis of other and unspecified disorders of the back in the lumbar region without neurogenic claudication. The patient was noted to undergo epidural steroid injections in 2012 with 805 relief of right leg pain for 6 months. The request was made for an L2 transforaminal epidural steroid injection on the right and a right L2-3 selective nerve root block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right L2 transforaminal epidural steroid injection and a right L2 and L3 selective nerve root blocks:** 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 Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that for repeat Epidural steroid injections, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a

general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the patient had 80% pain relief. However, there was lack of documentation indicating the patient had objective functional improvement and an associated reduction of medication for 6 to 8 weeks. A selective nerve root block is an epidural steroid injection. The patient was noted to be grossly neurologically intact in the lower extremities with some slight tenderness along the paraspinal muscle. There was a lack of documentation indicating that the patient had radicular findings to support the necessity for the request. Given the above, the request for outpatient right L2 transforaminal epidural steroid injection and a right L2 and L3 selective nerve root blocks is not medically necessary and appropriate.