

<b>Case Number:</b>	CM13-0044017		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Spine Surgery and is licensed to practice in New York. 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 48-year-old male who reported an industrial injury in April 2006. Lumbar MRI in September 2009 showed 1 mm disc protrusions at L2-3 and L3-4 with no neural compressive lesion. There was no change in the previous MRI study that was done on May 30, 2008. The patient continues to have chronic low back pain. His treatment has included medications, physical therapy, acupuncture, cognitive behavioral therapy, and lumbar ESI is. The patient's second lumbar epidural steroid injection was at 60% reduction of pain for 2.5 weeks. Physical examination reveals tenderness to the back, normal lumbar motion, there is no significant weakness and no decreased sensation. At issue is whether epidural steroid injection as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for EFSI lumbar spine x1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Pain Chapter

**Decision rationale:** This patient does not need to establish criteria for repeat epidural steroid injection. Specifically there is no documentation of significant clinical relief from the previous epidural steroid injection. The patient had 60% pain reduction for only 2-1/2 weeks. In addition, the patient's physical exam does not demonstrate lumbar radiculopathy. Also, the patient's MRI does not show significant neural compression. Because there is no radiculopathy on physical examination that is correlated with imaging studies of specific nerve root compression, the patient does not meet criteria for repeat epidural steroid injection. In addition, the patient did not achieve adequate relief from the first injection to warrant a second one.