

<b>Case Number:</b>	CM13-0044251		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/29/2001
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Oklahoma and 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 39-year-old female who reported a work related injury on 12/29/2001, specific mechanism of injury not stated. Patient presents for treatment of left sciatica greater than right. MRI of the lumbar spine dated 08/03/2012 revealed, specifically at the L3-4 level, a left lateral disc protrusion that was present indenting and moderately impinging on the presumed exiting left L3 nerve root. Mild right sided neural foraminal narrowing was also present and the central canal was spared. Clinical note dated 07/26/2013 reports the patient underwent an L3-4 epidural therapeutic injection. Clinical note dated 09/30/2013 reports the patient was seen in a clinic under the care of [REDACTED]. Provider documents the patient reported achieving greater than 50% clinical benefit status post injection until several days ago. Provider documents the patient utilizes Butrans 5 mcg per hour, Albuterol, cyclobenzaprine, Depakote, Effexor, hydrocodone APAP, propranolol, tramadol and tizanidine 4 mg a day. Provider reported upon physical exam of the patient, decreased range of motion was noted. The provider recommended a second lumbar epidural steroid injection at the L3-4 for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 Epidural Injection with Fluoroscopy:** Upheld

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

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

**Decision rationale:** The current request is not supported. California MTUS indicates there must be documentation of associated reduction of medication use for 6 to 8 weeks with documented pain and functional improvement noted status post injections to support repeat blocks. In addition, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Upon physical exam of the patient on clinical note dated 09/30/2013, there lacked evidence of the patient presenting with radiculopathic objective findings of symptoms. Given all the above, the request for L3-L4 Epidural injection with Fluoroscopy is not medically necessary nor appropriate.