

<b>Case Number:</b>	CM13-0044915		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 expert 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 injured worker is a 61 year old male with an original date of injury as June, 2012. The injured worker sustained injuries to low back and knees when he slipped on the steps and landed on his knees. The presenting complaints were low back pain. There is radiation into the left lower extremity. A decrease in lumbar spine range of motion is noted. Lumbar disc disease is identified. MRI noted a disc lesion at the L4/5 interspace also noted is facet joint hypertrophy. A knee injury was also noted and surgical intervention suggested. Prior lumbar epidural steroid injection was performed in January 2013. The disputed issue is another request for an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L4-5, L5-S1:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 47.

**Decision rationale:** The requirement for epidural steroid injection per the Chronic Pain Medical Treatment Guidelines is examination and objective findings consistent with radiculopathy. In this injured worker, there is documentation of radicular pain symptoms to the left greater than right lower extremity. This was documented as early as the progress note on 12/13/2012. Lumbar MRI on 9/25/12 documents anterior disc protrusion at L4-5 that is 3mm and left paracentrally. There is abutment of the L5 nerve roots. Based on this, the criteria was met for lumbar epidural steroid injection and this was in fact done on 1/15/2013. The issue presently is that for repeat injection there should be documentation of at least 50% benefit for at least a duration of 6-8 weeks. The medical records do not reflect this requisite amount of benefit from the prior epidural injection and this request is not medically necessary at this time.