

<b>Case Number:</b>	CM13-0046801		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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:

The patient is a 39-year-old male who reported an injury on 01/08/2002, after he lifted a heavy object and reportedly caused injury to his low back. The patient's treatment history has included physical therapy, epidural steroid injections, facet injections, medications, and activity alterations. The patient's most recent clinical documentation indicates that the most recent epidural steroid injection was in 11/2012. Physical objective findings included decreased sensation in the L4, L5, and S1 dermatomes, decreased quadriceps, EHL, tibialis reflexes described as 4/5, with a positive straight leg raising test and tenderness to palpation along the paraspinal musculature. The patient was evaluated in 12/2012 status post an epidural steroid injection on 11/28/2012. It was noted that the patient did not receive any functional benefit from that injection and that the patient's activities remained significantly limited. The patient's diagnosis included low back pain. The patient's treatment plan included continuation of medications and a repeat transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for a repeat transforaminal epidural injection at L5-S1:** Upheld

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

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

**Decision rationale:** The requested repeat transforaminal epidural steroid injection at the L5-S1 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient had an epidural steroid injection at the requested level over 1 year ago. The efficacy of that injection was clearly documented that there was no significant benefit or relief. There was no documentation of an increase in the ability to function. The California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections for patients who have at least 50% pain relief for approximately 6 to 8 weeks with associated documentation of functional improvement. As the patient did not have documentation of relief or functional improvement after the last epidural steroid injection, there is no support for an additional epidural steroid injection. As such, the requested repeat transforaminal epidural steroid injection at the L5-S1 is not medically necessary or appropriate.