

<b>Case Number:</b>	CM13-0047036		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/1995
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 62 year old male whose date of injury is 09/05/1995. The mechanism of injury is described as a trip and fall. Treatment to date includes shoulder surgery, lumbar fusion, medication management, physical therapy, chiropractic care and numerous epidural steroid injections. Electromyogram/nerve conduction velocity dated 10/03/13 revealed evidence of bilateral L5-S1 radiculopathy. Note dated 06/23/14 indicates that he has limited lumbar range of motion. The injured worker has diminished sensation of the bilateral L4, L5 and S1 dermatomes. Straight leg raising is limited to 60 degrees bilaterally. The injured worker underwent lumbar epidural steroid injection at bilateral L3 and L4 on 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL EPIDURAL INJECTION BILATERALLY AT L3 AND L4:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the clinical information provided, the request for transforaminal epidural steroid injection bilaterally at L3 and L4 is not medically necessary. The injured worker most recently underwent lumbar epidural steroid injection on 06/25/14. There are no post-injection records submitted for review documenting the injured worker's objective, functional response to the procedure. California Medical Treatment Utilization Schedule guidelines require documentation of at least 50% pain relief for at least 6-8 weeks prior to repeat epidural steroid injection. The request is not medically necessary and appropriate.