

<b>Case Number:</b>	CM13-0049691		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 02/01/2012. The injury reportedly occurred when she did not notice a flat mobile piece of luggage underneath her and stepped onto it with the right foot, injuring her lumbar spine and bilateral legs. Her diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasm, and lumbar radiculopathy. Her previous treatments were noted to include shockwave therapy, physical therapy, participation in a home exercise program, and previous epidural steroid injections. A 09/23/2013 clinical note indicated that the injured worker reported 80% improvement following her first bilateral transforaminal epidural steroid injections on 08/14/2013. However, it was noted that her pain had returned to her low back and lower extremities, and she rated her pain 9/10 at that visit. She described a numbness and tingling sensation to both legs. Her physical examination revealed that the patient complained of weakness, tingling, and numbness in both legs, which she indicated was worse with activity. A recommendation was made for a second bilateral transforaminal lumbar epidural steroid injection at the L1-2 level under fluoroscopic guidance to decrease inflammation and prevent and increase in the severity of her pain. However, a request for authorization form was not provided in the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT BILATERAL TRANSFORAMINAL LUMBAR ESI AT L1-2 UNDER FLUOROSCOPY GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46.

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

**Decision rationale:** According to the California MTUS Guidelines, repeat epidural steroid injection with documentation showing at least 50% pain relief with associated reduction of medication use for at least 6 to 8 weeks following the previous injection, as well as evidence of objective functional improvement. The clinical information submitted for review indicated that the patient reported 80% relief of back and leg symptoms following an epidural steroid injection on 08/14/2013. However, details regarding that injection were not provided, including whether the injection occurred at the L1-2 level bilaterally. In addition, the documentation did not indicate that the patient was able to reduce her medication use or that she obtained objective functional improvement following the injection. Moreover, the documentation did not indicate that the 80% reduction in pain lasted at least 6 to 8 weeks, as she was noted to have rated her pain at 9/10 at her 09/23/2013 visit which was approximately 6 weeks after her injection. Therefore, a repeat injection is not supported as the patient was not shown to have at least 50% pain relief for at least 6 weeks with reduction in medication use and objective functional improvement. Therefore, the request for urgent bilateral transforaminal lumbar ESI at L1-2 under fluoroscopy guidance is not medically necessary and appropriate.