

<b>Case Number:</b>	CM13-0050858		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/17/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 54-year-old female with date of injury on September 22, 2007. Diagnoses include cervical strain, cervical disc protrusions, lumbar strain, status post multilevel lumbar laminectomy, and left shoulder pain. Subjective complaints are of continuous low back pain radiating down the entire left leg to the left foot with numbness and tingling in the left foot, which is aggravated by standing, bending or walking. Physical exam shows slow gait, and moderately decreased lumbar range of motion due to pain. Motor and sensory function of the lower extremities was grossly intact. Lumbar MRI from August 9, 2013 shows spondylosis and broad based disc bulge with central annular tear at L4-5, and disc bulge with facet arthropathy at L5-S1. A lumbar epidural injection was authorized on September 13, 2013 and performed on October 31, 2013. Submitted documentation does not include any follow-up records demonstrating the results of this injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### LUMBAR EPIDURAL STEROID INJECTION:

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injections (ESI) Chapter.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. An inadequate response (ODG, ESI chapter) of <30% would not warrant a second ESI. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for six to eight weeks. This patient had a recent injection, and documentation does not include the patient's response to this procedure. The request for a lumbar epidural steroid injection (ESI) is not medically necessary or appropriate.