

<b>Case Number:</b>	CM13-0051344		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 & Rehabilitation and is licensed to practice in New York and 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 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 44-year-old male who reported an injury on 09/20/2010. The mechanism of injury was noted to be the patient was lifting material from the floor. The patient was noted to undergo an MRI on 02/06/2013 which at the level of L4 through L6 revealed disc desiccation without narrowing was noted. There was a 3 mm broad based right sided disc protrusion that was noted. The disc was noted to flatten the ventral aspect of the thecal sac and it was noted to abut but not compress the emerging right L5 nerve root. The patient was noted to have previously been treated with physical therapy, injections, pain management, and chiropractic treatment, which helped temporarily and with acupuncture, gentle exercise, and stretching, changing positions, use of cold, hot bath or shower, and rest which did not help. The patient was noted to have a prior ESI at L4-5 in 08/2012 and was noted to have no significant relief. The physical examination revealed the patient had a positive straight leg raise test bilaterally at 45 degrees. The patient was noted to have decreased sensation over the right posterolateral thigh in the L5 distribution and was noted have difficulty in a heel-toe walk. The request was made for a bilateral L4-5 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 transforaminal epidural steroid injection:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The clinical documentation submitted for review indicated the patient had no relief with a prior epidural steroid injection in 08/2012. There was a lack of documentation of exceptional factors to warrant a further epidural steroid injections as the previous injection had failed. There was a lack of documentation indicating the level of the prior injection. Given the above, the request for bilateral L4-L5 transforaminal epidural steroid injection is not medically necessary.