

<b>Case Number:</b>	CM13-0052653		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

According to the records made available for review, this is a 57-year-old female with a 9/1/11 date of injury. At the time of request for authorization for Bilateral L4 Transforaminal/caudal epidural steroid injection x2 with IV sedation, there is documentation of subjective (low back pain radiating down the lower extremities with numbness in the big toe) and objective (lumbar spine range of motion with lateral flexion at 30 degrees, extension at 25 degrees, and flexion at 75 degrees) findings, current diagnoses (lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine radiculopathy, and lumbar spine stenosis), and treatment to date (epidural steroid injection at L4 bilaterally x3 with good relief). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 Transforaminal/caudal epidural steroid injection, quantity 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review there is documentation of a diagnoses of lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine radiculopathy, and lumbar spine stenosis. However, given documentation of previous epidural steroid injections at L4 bilaterally with an unquantified (good) relief, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4 Transforaminal/caudal epidural steroid injection, quantity 1 is not medically necessary.

**Bilateral L4 Transforaminal/caudal epidural steroid injection, quantity 1:** Upheld

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