

<b>Case Number:</b>	CM13-0056559		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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, Pain Medicine and is licensed to practice in Florida. 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 67-year-old male who reported an injury on 05/13/2009. The mechanism of injury was not provided. Current diagnoses include degeneration of lumbar intervertebral disc and thoracic/lumbosacral neuritis unspecified. The injured worker was evaluated on 10/02/2013. The injured worker reported 6/10 lower back pain with radiation to the right lower extremity. It is noted that the injured worker reported excellent relief of symptoms following an epidural injection in 04/2013. Physical examination revealed limited lumbar range of motion, symmetrical reflexes, 5/5 motor strength in bilateral lower extremities, intact sensation, and positive straight leg raising on the right. Treatment recommendations included a repeat epidural steroid injection at L5-S1 and L4-5

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective lumbar transforaminal epidural steroid injection at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the injured worker demonstrated 5/5 motor strength in bilateral lower extremities with intact sensation. There is no documentation of radiculopathy upon physical examination. Additionally, there is no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection that would warrant a repeat injection. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Selective lumbar transforaminal epidural steroid injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the injured worker demonstrated 5/5 motor strength in bilateral lower extremities with intact sensation. There is no documentation of radiculopathy upon physical examination. Additionally, there is no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection that would warrant a repeat injection. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.