

<b>Case Number:</b>	CM13-0059277		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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 51-year-old male who reported an injury on 10/13/2011 due to repetitive lifting while performing normal job duties. The patient developed chronic low back pain that was treated with medications, physical therapy, a home exercise program, and a transforaminal epidural steroid injection at the left L5-S1. The patient was evaluated on 03/28/2013 and it was documented that the patient had 50% pain relief as a result of the injection and 50% improvement overall. The patient's most recent clinical documentation noted that the patient had a positive straight leg raising test on the left at 50 degrees and decreased sensation in the L5 dermatome of the left lower extremity. The patient's diagnoses included degenerative disc disease, neural foraminal spinal stenosis, lateral recess, and L5-S1 radiculitis and plantar fasciitis. The patient's treatment plan included a transforaminal epidural steroid injection at the left L5 to decrease pain and suffering and decrease inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends repeat epidural steroid injections when the patient has at least 50% pain relief for approximately 6 to 8 weeks with documentation of functional benefit and reduction of medications. The clinical documentation submitted for review does provided evidence that the patient had 50% pain relief. However, the duration of relief was not specifically identified within the documentation. Additionally, the submitted clinical evaluation failed to provide evidence of medication reduction and evidence of increased functional capabilities as a result of the prior injection. Therefore, an additional injection would not be supported. The request for lumbar epidural steroid injection is not medically necessary and appropriate.