

<b>Case Number:</b>	CM13-0059698		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/30/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 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 29 year old male with date of injury 7/05/2011. The most current medical report, a panel qualified medical re-evaluation, dated 11/15/2013 lists subjective complaints as constant lower back pain with radiation to the lower left extremity. Objective findings: Examination of the lumbar spine revealed some rigidity and moderately decreased range of motion. Patient underwent an MRI of the lumbar spine on 8/04/2011 which revealed degenerative disc disease of the L4-5 vertebra with a mild to moderate-sized central and right paracentral disc protrusion which created mild central spinal stenosis with a moderate right lateral recess stenosis. An EMG study of the left lower extremity on 06/14/2013 was normal without evidence of radiculopathy. A previous L4-5, L5-S1 transforaminal epidural steroid injection was performed on 3/15/2013. Reevaluation the patient on 10/16/2013 showed little improvement from the LESI, with the patient continuing to complain of the left lower extremity pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-L5 AND L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section.

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

**Decision rationale:** Patient continues to complain of left lower extremity pain and the medical record fails to document how much, if any, the patient improved from the first lumbar epidural steroid injection. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The request is denied.