

<b>Case Number:</b>	CM13-0063621		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient sustained an injury on 8/31/2013 when bending to lift a heavy object. The subjective complaint was low back pain radiating down the lower extremities. The MRI dated 11/15/2013 showed multilevel degenerative disc disease with L5-S1 disc bulge abutting the S1 nerve roots. The clinical notes dated 10/21/2013 by provider [REDACTED] documented that the patient completed physical therapy treatments. Current medications listed are Tylenol # 3 and Naprosyn for pain. The patient was treated previously with Norco and Flexeril during frequent visits to the [REDACTED] for exacerbations of low back pain. A Utilization Review decision was rendered on 11/25/2013 with Modified Certification of 1 out of the requested series of three lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION L5-S1 (SERIES OF THREE - STACKED):** 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 (ESIS) Page(s): 46.

**Decision rationale:** The CA MTUS addressed the indications for lumbar epidural steroid injections for the treatment of lumbar radiculopathy. The patient had documented subjective and objective findings of lumbar radiculopathy. The expected beneficial effects include reductions in pain, inflammation and medications requirement as well as increase in range of motion for patients who did not improve with conservation management. Current research does not support a 'series of three' epidural steroid injections as requested. The guidelines recommend that the patient be re-evaluated after the first epidural steroid injection. A second injection can be performed if there is documentation of greater than 50% reduction in pain for greater than 6-8 weeks and reduction in medications use with functional improvement. The request is non certified.