

<b>Case Number:</b>	CM13-0065535		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker had an original date of injury on May 6, 2013. The injured worker has tried physical therapy, activity restriction, nonsteroidal anti-inflammatory drugs, muscle relaxants, and Ultracet. The mechanism of injury occurred when the patient was lifting the lid of an engine and injured the lower back. Lumbar MRI on August 6, 2013 documented straightening of lumbar lordosis. At L2-3 there was left posterior lateral disc protrusion and annular tear. At L3-4 there was canal stenosis and a 4 mm central disc protrusion and annular tear. At L4-5 there was moderate canal stenosis and mild bilateral neuroforaminal narrowing. This injured worker had a previous epidural steroid injection on November 12, 2013. A utilization review determination noncertified this request because the request involves greater than 2 levels of epidural injection which exceeded guideline recommendations. Furthermore, the objective outcome of prior epidurals was not specified in the submitted records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L-2-L3, L3-L4, AND L4-L5:** 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 Injection Page(s): 47.

**Decision rationale:** In the case of this injured worker, there was a prior epidural steroid injection performed on November 12, 2013. In follow-up clinic 6 days later, the patient was documented to have decreased medication use and decrease pain to a visual analog score of 2 out of 10. However, subsequent documentation does not demonstrate how long the effect of epidural was. As guidelines specify for a 50% pain decrease over 6-8 weeks, the criteria for repeat injection is not met and this is not medically necessary.