

<b>Case Number:</b>	CM13-0065707		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/16/2009
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/19/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Management, 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 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 50-year-old male who reported an injury on 08/16/2009. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, oral medications and a home exercise program. The patient received an initial epidural steroid injection in 03/2013. The patient's most recent clinical evaluation in 10/2013 documented that the patient had continued low back pain rated at a 6/10 that was improved with medication usage. Physical findings included an antalgic gait, tenderness to palpation over the paravertebral musculature at the L4-5 and L5-S1 levels and the left sacroiliac joint with restricted range of motion of the lumbar spine. It was also noted that the patient had a positive straight leg raise test, positive Faber's sign on the left side and decreased sensation over the left lateral thigh and medial calf. A recommendation for a bilateral transforaminal epidural steroid injection at the L4-5 and L5-S1 to the left was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**R L4-S1 transforaminal lumbar epidural steroid injection:** Upheld

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

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

**Decision rationale:** The requested right L4-S1 transforaminal lumbar epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that repeat injections be based on documentation of functional benefit and pain relief of at least 50% for 6 to 8 weeks following the procedure. The clinical documentation submitted for review does indicate that the patient underwent a bilateral transforaminal epidural steroid injection at the L4-5 and L5-S1 levels; however, the clinical documentation submitted for review did not provide any evidence of pain relief or functional benefit as a result of that epidural steroid injection. Therefore, the need for an additional steroid injection cannot be determined. As such, the requested L4-5 and L5-S1 transforaminal lumbar epidural steroid injection is not medically necessary or appropriate.