

<b>Case Number:</b>	CM14-0012035		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 and is licensed to practice in Arkansas and Utah. 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 is a 50-year-old female who reported an injury on 09/06/2000. The mechanism of injury was not provided. The documentation indicated that the injured worker underwent prior treatments, including prior injections. The documentation of 05/21/2013 revealed that the injured worker was eager to try injections again. The diagnoses included thoracic or lumbosacral neuritis or radiculitis; lumbosacral spondylosis without myelopathy; lumbago; lumbar sprain/strain; and adjustment disorder with mixed anxiety and depressed mood. The treatment plan included additional epidural steroid injections or facet injections, a retrial of Cymbalta 30 mg daily, a refill of Ultram, Naprosyn twice a day with food and to continue with home modalities. Additionally, the request was made for a follow up MRI due to the persistence and worsening of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION L3-L4:** 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): 46.

**Decision rationale:** The California MTUS Guidelines recommend a repeat epidural steroid injection when there is documentation of objective pain relief, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had previously undergone epidural steroid injections. There was a lack of documentation of the above criteria. Given the above, the request for a bilateral transforaminal epidural steroid injection at L3-4 is not medically necessary.

**BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION 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): 46.

**Decision rationale:** The California MTUS Guidelines recommend a repeat epidural steroid injection when there is documentation of objective pain relief, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had previously undergone epidural steroid injections. There was a lack of documentation of the above criteria. Given the above, the request for a bilateral transforaminal epidural steroid injection at L4-5 is not medically necessary.