

<b>Case Number:</b>	CM14-0139159		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/04/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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, 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 is a 58-year-old female with an original date of injury on November 4, 2000. The mechanism of injury occurred from a fall off of a scaffolding. The patient was diagnosed with chronic low back pain, lumbar radiculopathy, lumbar degenerative disc disease, and retrolisthesis of L2 on L3 and L3 on L4. It is noted that the patient has previously had a left transforaminal epidural steroid injection on June 24, 2013. The patient continues with multiple pain medications including Flexeril, Vicodin, and Klonopin. The disputed request is for a repeat transforaminal lumbar epidural steroid injection at the L-2-L3 which was requested between dates of service July 28, 2014 and September 11, 2014. This was denied by a utilization reviewer citing that the functional response to the previous epidural was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar epidural steroid injection left L2-L3.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Section, Page(s): 47.

**Decision rationale:** It is noted that the patient has previously had a left transforaminal epidural steroid injection on June 24, 2013. The California Medical Treatment and Utilization Schedule requires for repeat epidural steroid injections documentation of at least 50% benefit for a 6 to 8 week period. There is a letter written on August 13, 2014 which specifies that the injured worker received "great relief" from the previous epidural steroid injection. However there is failure of the appropriate quantifiable documentation in percentage pain reduction, and no commentary on the time period of pain reduction. Given this lack of documentation, this request is not medically necessary.