

<b>Case Number:</b>	CM14-0020910		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery and is licensed to practice in New York. 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 is a 32-year-old male with a date of injury September 15, 2008. He suffered a low back sprain after lifting boxes. He continues to have low back pain radiating down to his legs. He also complains of some bladder dysfunction. Physical examination demonstrates normal lower extremity motor and reflex exams. Sensory examination is inconsistent. There is no clearly documented radiculopathy on physical examination. Treatment to date has included lumbar ESI injections, lumbar fusions, medications, activity modification and multiple epidural steroid injections without any result in improvement. At issue is whether additional L3 for injections or medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL TRANSFORAMINAL INJECTIONS AT L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** This patient does not meet establish criteria for repeat epidural steroid injections. Specifically, there is no documented radiculopathy on physical examination. Also,

the patient has had multiple epidural steroid injections in the past without documented significant improvement. Additional lumbar epidural steroid injections are not likely to improve the patient's symptomatology. Current guidelines indicate ESI use for chronic pain with documented radiculopathy supported by both physical exam and imaging findings. The pain should be unresponsive to conservative measures to include physical therapy. These criteria are met present in this case. Also, epidural steroid injections are not recommended for low back pain without radiculopathy as in this case. Request is not medically necessary.