

<b>Case Number:</b>	CM14-0025892		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 51-year-old female who reported an injury on 08/19/2013; the mechanism of injury was a fall. The injured worker had a history of lower back pain radiating down to the leg. The injured worker has diagnoses of lumbar pain, degenerative disc disease at L5-S1, and spondylosis. The injured worker's medication regimen included Cymbalta. Per the notes dated 04/29/2014 the injured worker reported pain to the lumbar region at 9/10 using the VAS. Per the objective findings dated 01/09/2014 positive straight leg raise, tenderness to palpitation, full range of motion to bilateral upper extremities and neurovascular intact. Per the injured worker no tingling, numbness or radiculopathy. The MRI dated 00/06/2013 revealed severe degenerative disc disease at the L5-S1 with possible impingement on the left with displaced left and right S1 nerve. (Be sure to indicate what note this is from. Also, there is a lot more information within the notes in your clinical PDF which should be included in your report. You should include all of the pertinent physical exam findings and anything pertaining to the 1st injection.) Prior treatment included short-term home health services, medial bundle branch block, epidural steroid injection at S-1 dated 04/02/2014 with no relief noted, and medication titration. The request for authorization form was dated 06/13/2014. The rationale for the epidural steroid injection was not given. (There is an MRI from 11/06/2013, it would be good to include the findings from that MRI within your report.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, no more than 4 epidural steroid injection per year. The guidelines also state that the epidural injection can offer short-term pain relief and it should be in conjunction with rehab efforts including home exercise. There is no documentation that the injured worker would benefit from a second epidural steroid injection. The documentation was evident that the injured worker is doing any home exercise that would go in conjunction with epidural steroid injection. Per the documentation dated 04/29/2014, the first epidural steroid injection did not benefit the injured worker. Also the lack of documentation indicating the injured worker had significant improvement in functionality and decreased medication usage with the prior injection.) The request for Bilateral L5 Transforaminal Epidural Steroid Injection is not medically necessary.