

<b>Case Number:</b>	CM14-0026825		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational 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 patient is a 57 year-old male with date of injury 04/11/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/19/2012, lists subjective complaints as recurrent low back pain which radiates into the left leg with associated numbness in his left foot. Examination of the lumbar spine revealed moderately diminished range of motion and no decreased motor strength. Tenderness was noted along the lumbosacral midline. No spasms were noted along the paraspinal muscles. The diagnosis is herniated disc L4-5 with stenosis and radiculopathy. The patient underwent an MRI of the lumbar spine on 04/15/2011 which was notable for a left L4-5 disc protrusion. The patient has already undergone three epidural steroid injections to date. According to records, the first and third lumbar epidural steroid injection were somewhat helpful, and the second was not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION, UNKNOWN LEVEL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and in the therapeutic phase, repeat blocks 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. A measured therapeutic response is not documented in the medical record. The lumbar epidural steroid injection is not medically necessary.