

<b>Case Number:</b>	CM14-0031059		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/24/1999
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 02/24/1999. The mechanism of injury was noted to be lifting. His diagnosis is listed as lumbar radiculopathy. His past treatment included participation in home exercise program and a transforaminal lumbar epidural steroid injection bilaterally at the L3-4 level on 10/14/2013. The 10/30/2013 note indicated that the injured worker reported significant relief of his leg pain for 3 to 4 days after the injection, as well as less episodes of spasm, but reported that his symptoms were returning. On 12/05/2013, the injured worker presented with low back and lower extremity symptoms. He described that his symptoms have returned to the preinjection level. His physical examination revealed positive straight leg raising bilaterally and decreased reflexes at the bilateral ankles. It was noted that his MRI had revealed disc herniations at the L3-4, L4-5, and L5-S1 levels. The treatment plan included a repeat transforaminal lumbar epidural steroid injection at the L3-4 level bilaterally. It was noted that the repeat injection was to try to get him more long lasting of his pain. The Request for Authorization Form was submitted on 01/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at 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 injections (ESIs) Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines, repeat epidural steroid injections may be supported with documentation of objective pain relief and functional improvement, including at least 50% pain relief with reduction of medication use for at least 6 to 8 weeks following previous injection. The clinical information submitted for review indicated that the injured worker reported a nonspecific amount of relief of his leg symptoms for only 3 to 4 days following his previous injection. In addition, he was not noted to have a significant increase in function or reduction in medication use following the injection. In the absence of documentation showing at least 50% pain relief, increased function, and reduction of medication use for at least 6 to 8 weeks, a repeat epidural steroid injection is not supported. As such, the request is not medically necessary.