

<b>Case Number:</b>	CM14-0034970		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 60 year old male who sustained a work injury on 3-17-00. The claimant has a history of lumbar surgery, L4-S1 fusion on 1-9-13. The claimant reports increasing left leg pain. The claimant had an MRI done on 12-5-13 that showed postop changes, severe disc space loss at L2-L3. There was moderate bilateral neuroforaminal stenosis. The claimant had a lumbar epidural steroid injection on 1-25-14. He has also been provided with physical therapy. The claimant reported 40% decrease of pain. The claimant reports increased back pain that radiates to the left leg with weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at L2-3 level-Left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines criteria for the use of epidural steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in documentation noting that this claimant meets current treatment guidelines criteria for repeat epidural steroid injection. Therefore, the medical necessity of this request is not established as medically necessary.