

<b>Case Number:</b>	CM14-0040033		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 53-year-old female who reported an injury while trying to support a heavy weight which was falling on 05/19/2013. On 02/19/2014, her diagnoses included lumbar spinal stenosis at L4-5 and L5-S1, lumbar spondylolisthesis at L4-5, and lumbar scoliosis. On 11/27/2013, the examination of the lumbar spine revealed slight right paraspinous spasm and tenderness. Her ranges of motion included forward flexion 90 degrees and extension 20 degrees with pain. Her reflexes and sensation were intact in her bilateral lower extremities. The rationale was noted to state that she had "clearly improved with 2 epidural injections and should proceed with a third". The recommendation was for a third lumbar epidural injection. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 LES (lumbar Epidural Steroid) injection #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46..

**Decision rationale:** The request for L4-5 and L5-S1 LES (lumbar Epidural Steroid) injection #3 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ES injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines do not support the request for a third epidural steroid injection. Therefore, this request for L4-5 and L5-S1 LES (lumbar Epidural Steroid) injection #3 is not medically necessary.