

<b>Case Number:</b>	CM14-0045148		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/20/1999
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 38-year-old male was reportedly injured on December 20, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 5, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated a mild antalgic gait and a mild foot drop. Examination of the lumbar spine noted decreased range of motion with pain. There was hypertonicity of the lumbar paraspinal muscles. There was a positive left sided straight leg raise test and a decreased left sided Achilles reflex. Diagnostic imaging of the lumbar spine showed a disc protrusion at L3-L4 with a right sided extruded fragment as well as L5-S1 degeneration with loss of disc height and facet arthropathy. Previous treatment included lumbar spine epidural steroid injections. A request had been made for an epidural steroid injection at L3-L4 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L3-4, L5-S1 Epidural Steroid Injection (ESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

**Decision rationale:** According to the attached medical record, the injured employee has had two previous epidural steroid injections providing excellent pain relief; however, third injection in 2013 did not. Additionally, the injured employee has had a total of three prior epidural steroid injections. The California Chronic Pain Medical Treatment Guidelines do not recommend more than two. For these reasons, this request for a left sided epidural steroid injection at L3-L4 and L5-S1 is not medically necessary.