

<b>Case Number:</b>	CM14-0047035		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/29/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old male with an original date of injury of March 30, 2010. The injured worker has diagnoses of chronic low back pain, lumbar stenosis at the right L4-level, and lumbar radiculopathy. Electrodiagnostic studies have confirmed left L4 and S1 radiculopathy. The patient has previously undergone a left L4 and S1 transforaminal epidural steroid injection on February 24, 2014 and experience 50% pain relief of 3 weeks. The disputed issue is a request for repeat lumbar epidural steroid injection. A utilization review decision on March 27, 2014 had noncertified this request, citing the California Medical Treatment and Utilization Schedule guidelines for repeat injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar spine transforaminal epidural steroid injection, left L4-5 and L5-S1 levels with fluoroscopy:** 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 Section> Page(s): 47.

**Decision rationale:** The California Medical Treatment and Utilization Schedule specify that repeat injections are indicated in cases where there is 50% relief of at least 6 weeks from a previous epidural steroid injection. The injured worker has had previous lumbar MRI and examination/history consistent with lumbar radiculopathy, which meets criteria for the original lumbar epidural injection. A recommendation for lumbar epidural steroid injection was made on January 28, 2014 as documented in a progress note. A follow-up note indicates that the 1st epidural injection only provided 3 weeks of pain relief as documented on March 20, 2014. This does not meet the guideline, therefore, Repeat lumbar spine transforaminal epidural steroid injection, left L4-5 and an L5-S1 level with fluoroscopy is not medically necessary.