

<b>Case Number:</b>	CM14-0063776		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Nevada. 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 59-year-old gentleman was reportedly injured on September 29, 2009. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of back pain rated at 7/10, which radiated to the right lower extremity. The physical examination demonstrated an antalgic gait favoring the right lower extremity and decreased lumbar spine range of motion. Heel and toe walking was difficult to perform secondary to low back pain and right ankle pain. There were diffuse tenderness over the lumbar spine and paravertebral muscles as well as the facets at L5 and S1. There were a positive Kemp's test and a positive straight leg raise test at 50. Examination of the right ankle indicated tenderness over the medial and lateral malleoli. There was decreased right ankle range of motion and strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an L5-S1 transforaminal epidural steroid injection. A request had been made for a second right-sided L5-S1 transforaminal epidural steroid injection and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Right L5-S1 Transforaminal Epidural Steroid Injection:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the criteria for repeat epidural steroid injections includes documented pain relief and functional improvement of at least 50% for 6 to 8 weeks time. According to the attached medical record, the injured employee had received a previous lumbar spine epidural steroid injection at L5-S1, which resulted in 90% pain relief for two weeks and 60% to 70% pain relief for the third week. Considering this, the request for a Second Right-Sided L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.