

<b>Case Number:</b>	CM14-0066149		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 51-year-old male who reported injury on 05/31/2013. The mechanism of injury occurred when the injured worker was driving a truck on the freeway and drove over several potholes and felt a sharp pain in his back. The prior treatments were noted to include medications, physical therapy, lumbar medial branch blocks, a spinal cord stimulator trial, and a prior epidural steroid injection. The injured worker underwent an MRI. The surgical history included a L4-S1 hemilaminectomy, discectomy, and foraminotomy. The injured worker's medications included ibuprofen 800 mg, Galise 1800 mg at bedtime, omeprazole, Vicodin ES, Soma, Valium, and ibuprofen. The documentation of 03/25/2014 revealed the injured worker had low back and bilateral leg pain. The injured worker was noted to have a failed spinal surgery. The physical examination revealed decreased sensation to light touch and pinprick bilaterally L5-S1 distribution. The diagnosis included lumbar disc herniation and lumbar degenerative disc disease. The treatment plan included a bilateral L5 transforaminal epidural steroid injection to address worsening radicular symptoms manifested at increased pain, positive straight leg raise, and decreased sensation in the L5-S1 distribution, and decreased Achilles reflex on the left. There was a Request for Authorization submitted for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar L5 Transforaminal Epidural Steroid Injection with Monitored anesthesia care and Fluoroscope guidance.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective functional improvement, and objective decrease in pain of at least 50% for 6 to 8 weeks along with documentation of a decrease in the need for pain medications. The clinical documentation submitted for review indicated the injured worker underwent prior epidural steroid injections. However, the levels of the epidural steroid injections were not provided. There was a lack of documentation of the objective functional benefit as well as the decrease in pain medications for 6 to 8 weeks and documentation of a greater than 50% pain relief for 6 to 8 weeks. The request for bilateral lumbar L5 transforaminal epidural steroid injection with monitored anesthesia care and fluoroscopic guidance is not medically necessary.