

<b>Case Number:</b>	CM14-0089996		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/22/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 60 year old male whose date of injury is 10/22/1999. The mechanism of injury is not described. The progress report dated 07/24/14 indicates that the injured worker complains of bilateral low back pain radiating into his lower extremities. Medications are listed as Norco, Nitroglycerin, and Soma. The injured worker has a history of L3 to L5 fusion. On physical examination lumbar range of motion is restricted in all planes. Straight leg raising is positive bilaterally. There is 4+/5 weakness in the bilateral iliopsoas and bilateral quadriceps. There is decreased sensation at the anterior thighs. It is reported that the injured worker underwent prior epidural steroid injection on 01/09/14 which provided 90% improvement for 5 months and enabled the injured worker to decrease medication intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluroscopy Guided Bilateral L2-L3 Lumbar Transforaminal Epidural Steroid Injection:**  
Overturned

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

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

**Decision rationale:** Based on the clinical information provided, the request for fluoroscopy guided bilateral L2-3 lumbar transforaminal epidural steroid injection is recommended as medically necessary. The initial request was non-certified noting that although the previous epidural steroid injection provided 90% pain relief, there was no documentation of decreased medication use. Additional information has been provided. The submitted records indicate that the injured worker underwent prior epidural steroid injection on 01/09/14 which provided 90% improvement for 5 months and enabled the injured worker to decrease medication intake. The California MTUS guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. Given the additional clinical data, there is sufficient information to support a change in determination, therefore fluoroscopy guided bilateral L2-L3 Lumbar Transforaminal Epidural Steroid Injection is medically necessary.