

<b>Case Number:</b>	CM14-0205539		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Occupational 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:

Patient is a 61 year-old male with date of injury 10/06/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/22/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. MRI of the lumbar spine on 09/22/2011 was notable for degeneration at L2-3, central disc protrusion at L5-S1 along with facet arthropathies, laminectomy at L3-4, bilateral foraminal stenosis at L3-4, L4-5, broad-based disk protrusion at L3-4, and moderate left foraminal stenosis possible impinging left L3 nerve root. Patient underwent a right transforaminal block at L3-4 and L4-5 on 02/22/2014. It was noted to have provided several months of temporary relief, but no specific percentages of improvement were documented. Objective findings: Examination of the lumbar spine revealed tenderness to palpation throughout the paraspinal muscles, right greater than left. Restricted range of motion with pain. Straight leg raise was positive on the right. Diagnosis: 1. History of discectomy L3-L4, July 2004 2. Chronic low back and bilateral lower extremity pain 3. Status post left shoulder surgery on 06/22/2009 4. Depression due to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right L3-4 and L4-5 transforaminal epidural steroid injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although a specific percentage was not mentioned following the last set of epidural steroid injections, the patient states that his pain relief lasted for several months. This can be considered as documentation of a successful epidural steroid injection. I am reversing the previous utilization review decision. One right L3-4 and L4-5 transforaminal epidural steroid injection is medically necessary.