

<b>Case Number:</b>	CM13-0008674		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 50 year old injured worker who reported an injury on March 08, 2013. The mechanism of injury was a fall. The patient diagnoses included lumbar strain, and minimal disc bulge with mild stenosis at L2-3. The most recent clinical note dated July 12, 2013 reported the patient continued to complain of pain to their neck, tail bone, and bilateral hips. The patient is unable to sit or stand for long periods of time due to pain. The patient medication regimen included Norco, Thermacare, and Norflex. The dosage and frequency of these medications was not provided in the medical record. There were mild degenerative changes noted to L5 and C5. An MRI was ordered. A review of the patient history discussed the patient receipt of 3 prior epidural steroid injections without any relief. MRI was done on July 26, 2013, revealed the neural foramen were mildly stenotic bilaterally secondary to foraminal stenosis and disc bulge and mild arthropathy. There were L2-3, L3-4, and L4-5 disc bulges noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that most guidelines recommend no more than 2 epidural steroid injections. Per the guidelines, epidural steroid injections should be used in conjunction with other rehab efforts, to include a home exercise program. There must be documented functional and pain improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks for multiple injections to be recommended. The medical records provided for review indicate that the patient has already received 3 epidural steroid injections and expressed a brief relief of pain without any increase in functional levels. There is no documentation of any decrease in medications, and or any functional improvement, therefore there is no evidence or the medical necessity for an additional epidural steroid injection at this time. The request for Lumbar Epidural Steroid Injection is not medically necessary and appropriate.