

<b>Case Number:</b>	CM14-0118952		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/01/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Pain Management 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 58-year-old male who sustained work-related injuries on March 1, 2000. Per the most recent progress notes dated June 3, 2014, the injured worker complained of pain in the lower back and left leg. The pain radiates to the left ankle, left calf, left foot, and left thigh. He described his pain as ache, burning, and cutting. Symptoms were aggravated by bending, changing positions, rolling over in bed, standing, twisting, and walking. On examination, he was positive for dyspnea, diarrhea, difficulty in walking, memory impairment, back pain, bone/joint symptoms, muscle weakness (left lower extremities), neck stiffness, and shoulder and leg pain. He rated his pain as 6/10. On examination, he has antalgic gait. The lumbar spine range of motion was limited with pain. The Gaenslen's was noted positive. Tenderness was noted over the lumbar paravertebral muscles with the left greater than the right. Sensation was decreased to the left lateral leg. He is diagnosed with (a) back pain, (b) thoracic or lumbosacral neuritis or radiculitis, and (c) unspecified opioid type dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural steroid injection L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Low Back Disorders, Epidural Steroid Injection

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

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement including 50% pain relief with associated reduction of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the injured worker is noted to have a prior epidural injection in 2007. However, the only information presented related to the prior epidural steroid injections was "excellent results." The required information is not shown in the presented documents. Therefore, the medical necessity of the requested transforaminal lumbar epidural steroid injection at L4-5 is not established.