

<b>Case Number:</b>	CM14-0130947		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/01/1992
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 38 year old female who sustained an industrial injury on 08/01/1992 when she slipped and fell. She was being treated for low back pain, lumbosacral radiculopathy and lumbar intervertebral disc displacement. Her MRI of lumbar spine done on 02/18/14 showed posterior disc protrusion/bulge at L4-L5 and L5-S1 with nerve root compromise at both levels bilaterally. Her prior treatment included Physical therapy, medications and lumbar epidural steroid injection. She had lumbar epidural corticosteroid injection on 04/29/14. During her follow-up visit on 05/08/14, she was noted to have a 30% reduction in lower back symptoms. Her progress notes from 07/29/14 were reviewed. She was noted to have low back pain radiating down her left leg. Her pain was 7/10 with medications. The lumbar epidural injection she received in April 29, 2014 was noted to have provided 30% pain relief that lasted for 1 to 2 months. Pertinent physical examination findings included positive Lasegue's neurotension test with pain radiating down the left leg. A request was sent for a second lumbar epidural corticosteroid injection to maximize the benefit from the injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Corticosteroid Injection AT L4, L5, and S1 under Fluoroscopic Guidance 2nd Bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 46.

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment guidelines, repeat epidural steroid injections should be based on objective documented improvement of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The employee had only #0% relief that lasted for 1 to 2 months. The request for lumbar epidural steroid repeat injection is not medically necessary or appropriate.