

<b>Case Number:</b>	CM14-0183182		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family 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:

Injured worker was a 59-year old male whom experienced an industrial injury 09/26/09. He complains of bilateral back pain and aggravated left low back pain with left lower extremity radicular symptoms. He reported 75 percent improvement after receiving a fluoroscopically guided right L3-4 and L4-5 lumbartransforaminal epidural steroid injection. Upon examination he had tenderness to palpation at the paraspinal muscles overlying the right T10-L2 facet joints and restricted lumbar spine range of motion amongst other findings such as depressed muscle stretch reflexes. He had attended physical therapy, taken NSAIDS, and other conservative treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Fluoroscopically Guided Left L3-4 and L4-5 Lumbar Transforaminal Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back problems, Repeat Fluoroscopically Guided Left L3-4 and L4-5 Lumbar Transforaminal Steroid Injection

**Decision rationale:** The ACOEM guidelines recommend for epidural steroid injections as an option for the treatment of radicular pain and for pain unresponsive to conservative treatment such as exercise, physical methods, NSAIDS and muscle relaxants. The guidelines also recommend in the therapeutic phase, repeat blocks should be used 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 it was noted that there was 75% improvement in pain after ESI, but the request is not reasonable as there is no documentation if prior injection resulted in pain and functional improvement lasting at least six to eight weeks.