

<b>Case Number:</b>	CM14-0098469		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 and is licensed to practice in Texas. 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 62 year old male who sustained an injury to his low back on 12/28/13 due to cumulative trauma while performing his usual and customary duties as a construction superintendent. MRI of the lumbar spine dated 02/28/14 revealed grade 1 degenerative L4 to L5 spondylolisthesis with disc degeneration and broad based posterior annular bulge; listhesis at least 5 millimeter; large left paracentral extruded disc fragment with subligamentous migration along the lateral recess compressing the descending right L4 nerve in the lamina; disc extrusion fragment measuring 2 millimeter cranial caudal over 1 millimeter AP and transverse. Clinical note dated 05/01/14 reported the patient had decreased numbness of the right leg and increase in performance of activities of daily living following the previous L4 to L5 transforaminal epidural steroid injection on 04/15/14. The injured worker continued to work with restrictions; lumbar range of motion was flexion 90 degrees, extension 10 degrees, left, bilateral rotation 15 degrees; tenderness over the lumbar extensors and decreased motor strength at quadriceps and tibialis anterior muscles; sensory deficit to light touch over the right shin; straight leg raise positive right. The injured worker was recommended for a second epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection (ESI) #2 - Transforaminal Epidural Steroid Injection (TFESI) of the right L4 and L5:** Upheld

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

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

**Decision rationale:** The request for transforaminal epidural steroid injection (TFESI) of the right L4 and L5 is not medically necessary. Previous request was denied on the basis that it was not clear the quantity or duration of pain relief from the previous injection. Without clear and specific improvement with pain and function following the initial injection, the request was not deemed as medically appropriate. The California Medical Treatment Utilization Schedule (MTUS) states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least fifty percent pain relief with associated reduction of medication use for six to eight weeks. Given this, the request for transforaminal epidural steroid injection (TFESI) of the right L4 and L5 is not indicated as medically necessary.