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| <b>Case Number:</b>   | CM13-0016247 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 01/23/2007 |
| <b>Decision Date:</b> | 01/08/2014   | <b>UR Denial Date:</b>       | 08/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/23/2013 |

### 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 Anesthesiologist, has a subspecialty in Pain 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 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.

### 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 59-year-old male who reported an injury on 01/23/2007. The mechanism of injury was caused by the patient trying to hold up a 300 plus pound filing cabinet which not only put a strain on his entire body, but caused him to suffer a fracture to his left wrist and was treated nonsurgically. A month after the injury, the patient was suffering from his injured wrist, mid and lower back, both knees and his right shoulder being too severe to continue with work. The patient was diagnosed in 2007 as having chronic upper back pain related to facet arthrosis and myofascial pain syndrome, lower back and radiating right calf pain, mild anxiety and depression related to the chronic pain condition. The patient received an epidural steroid injection on 06/20/2008 that only gave him temporary relief. Due to cervical spine symptoms, the patient subsequently underwent a cervical epidural steroid injection on 08/19/2008 which improved his neck flexibility and stretching. On 09/11/2012, the patient underwent a total knee surgery and recovered well. As of 05/08/2013, the patient was utilizing oral medications at 5 tablets of Vicodin 7.5/500 mg a day, Ultram 4 tablets a day, Soma 2 tablets a day, and Flexeril 2 tablets daily, which the patient stated gave him no significant effect. According to his most recent evaluation dated 09/25/2013, the patient is still reporting lower back pain and he stated that he is taking methadone 3 times daily without any known side effects. He is also taking Flexeril twice daily to help his condition, but overall his condition has not changed. The physician is now requesting another lumbar epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural injection:** 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 (ESI), Page(s): 46.

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborated findings of radiculopathy. Although this patient was noted as having a previous successful epidural steroid injection, that gave him pain relief for at least 6 months, the requesting physician failed to submit the level or levels at which the next injection is meant to be given. Because it is unclear how many sites the epidural steroid injection to be given, the request cannot be deemed medically necessary at this time due to California MTUS only allowing 2 levels to be injected at one setting. As such, the requested service is non-certified.