

<b>Case Number:</b>	CM13-0029541		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Illinois. 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 60 year old male who reported an injury on 05/09/2007 from repetitive lifting. The injured worker has a history of chronic low back pain with radicular features. On report dated 09/05/2013 for examination on 12/31/2012 the examination the injured worker was still symptomatic with symptoms in the left shoulder and low back radiating down his left lower extremity. On 08/10/2013 the injured worker had 5/5 motor strength and symmetric reflexes with decreased sensation in the left L5 dermatome. The injured worker has diagnoses of left shoulder impingement, status post-surgery and lumbar disc diseased with radiculopathy, status post fusion. His treatment history is lumbar surgery on 05/30/2007 (L4-L5 discectomy) and another surgery on 03/21/2012 (laminectomy and posterior interbody fusion at L4-L5). Treatments had included pain medications, physical therapy, home exercises, acupuncture, pool therapy, TENS, postoperative bracing, use of assistive devices (walker and cane), and psychological counseling. There are no medications documented. The plan of treatment was for lumbar epidural steroid injection. There was no request for authorization form provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for lumbar epidural steroid injection is non-certified. The injured worker has a history of back pain and is post-operative of lumbar surgery on 05/30/2007 (L4-L5 discectomy) and another surgery on 03/21/2012 (laminectomy and posterior interbody fusion at L4-L5). California Medical Treatment Utilization Schedule (MTUS) recommends epidural steroid injection for individuals with objective evidence of radicular pain who have failed conservative care. Although the injured worker had clinical findings and imaging suggestive of radiculopathy the level(s) for the injection are not specified in the request. As such, the request is not medically necessary.