

<b>Case Number:</b>	CM13-0029804		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Arizona. 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. 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:

This patient is a 50 year-old male with a date of injury of 10/30/12. The mechanism of injury was described as an "industrial accident" while working for federal Express. The most recent progress report included by [REDACTED], dated 08/20/13, identifies subjective complaints of neck and low back symptoms. The objective findings included an ataxic gait and limited range-of-motion. Strength is 5/5, and reflexes normal. The sensation is diminished over the right foot and the lateral aspect of the left foot. The MRI on 11/09/12 revealed moderate degenerative disc disease with spinal stenosis. The diagnoses indicate that the patient has "moderate spinal stenosis at L2, L3 and L4 with multilevel significant foraminal stenosis". The treatment has been symptomatic and included physical therapy. The treatment now recommended is epidural injections. A utilization review determination was rendered on 09/05/13 recommending non-certification of "epidural injections of L2, L3, and L4".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural injection at L2, L3 and L4: 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) Section Page(s): 46.

**Decision rationale:** The California MTUS Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. The criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The documentation of radiculopathy is insufficient in this case.