

<b>Case Number:</b>	CM13-0032984		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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:

The claimant is a 63-year-old male who was injured 04/26/11. He has had previous epidural steroid injection, which provided 60% of relief to the left leg and 40% to the right leg. There is discussion in the medical records of a spinal fusion procedure being recommended. Then 07/26/13 a right L4 selective nerve root block epidural, a right selective nerve root epidural and a left L4 selective epidural had been performed with the benefit as previously noted. Other treatment has included physical therapy, antiinflammatory and muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral transforaminal epidural steroid injection under fluoroscopy L4-L5:** Upheld

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

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

**Decision rationale:** There is documentation by the treating provider of degenerative scoliosis and spinal stenosis. What the medical records failed to document is the length of improvement noted from previous epidural steroid injection. In addition, what benefit it may have given these

diagnoses and consideration of future surgery. In review of these medical records, epidural steroid injection cannot be supported as a treatment modality.